

Name  
in  
Full

Mary Acton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Oxon Hill	County Prince Geo.	MARYLAND		
Date of death 1903	Month Jan.	Day 14	Age 75	Months —	Days —
Sex Female	Color or Race White	Occupation Widow	Birth- place Maryland		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name unknown				Father's Birthplace unknown	
Mother's Maiden Name unknown				Mother's Birthplace unknown	
Name of person giving Information James Notley				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asthma

How long  
Several years

Immediate

Bronchitis

On

How long  
3 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

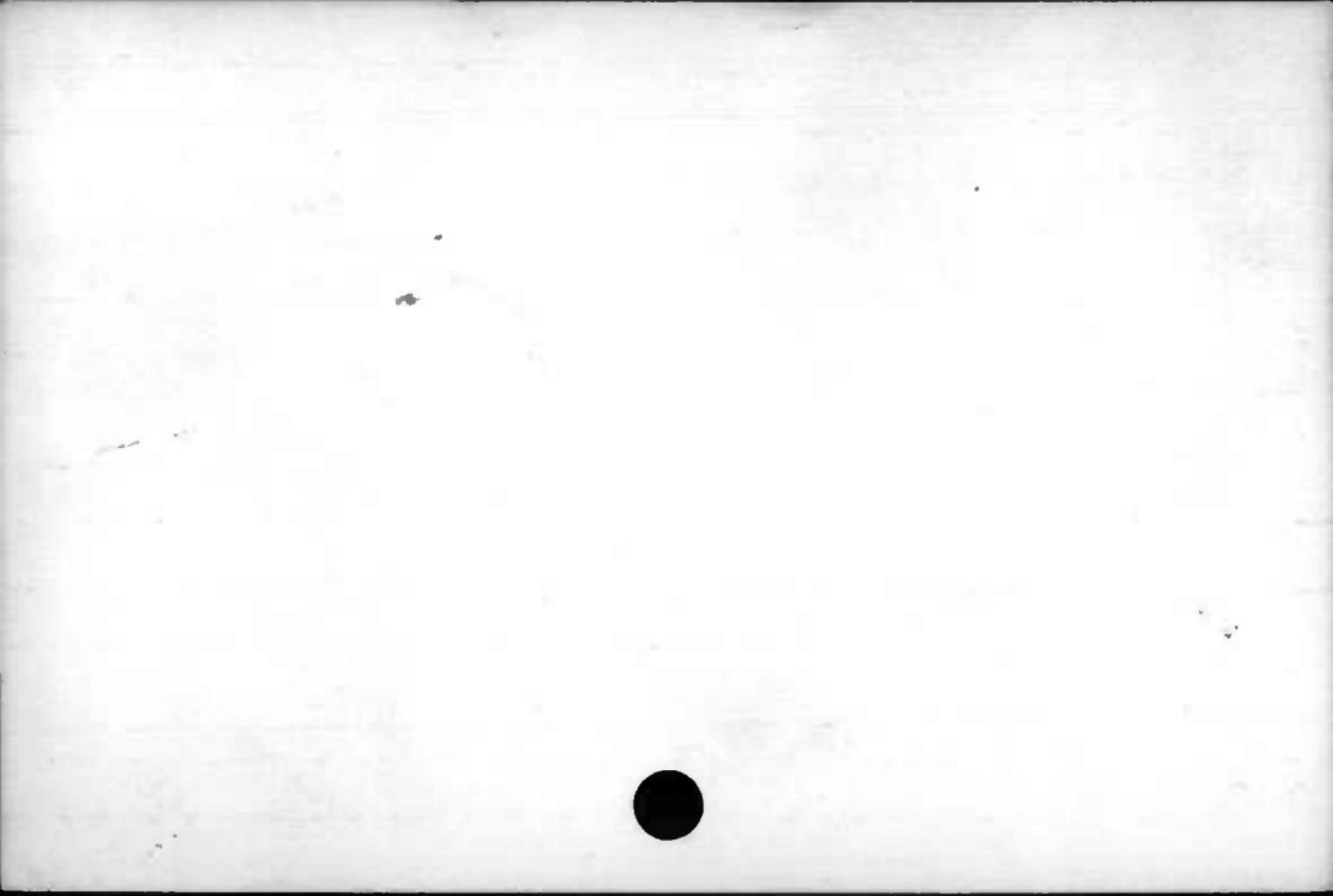
Signature of  
Physician

Address

J. M. Parker M.D.  
Rose Croft - M.D.

1

Accident or Suicide?



Name in Full

**Certificate of Death**

Certificate  
unnamed Aitchison

Died at Laurel Town Prince George's County MARYLAND

Date <u>1903</u>	Month <u>Jan</u>	Day <u>22</u>	Y. <u>4</u>	M. <u>2nd</u>	D. <u></u>	Native of <u></u>	Occupation <u></u>
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>			
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Number of children living</u>			

Husband of		
Wife		
Father's Name	Stewart Aitchison	Mother's Name
Cause of Death	Primary Puerperal- birth Immediate Asphyxia	How long sick 4 days 131 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

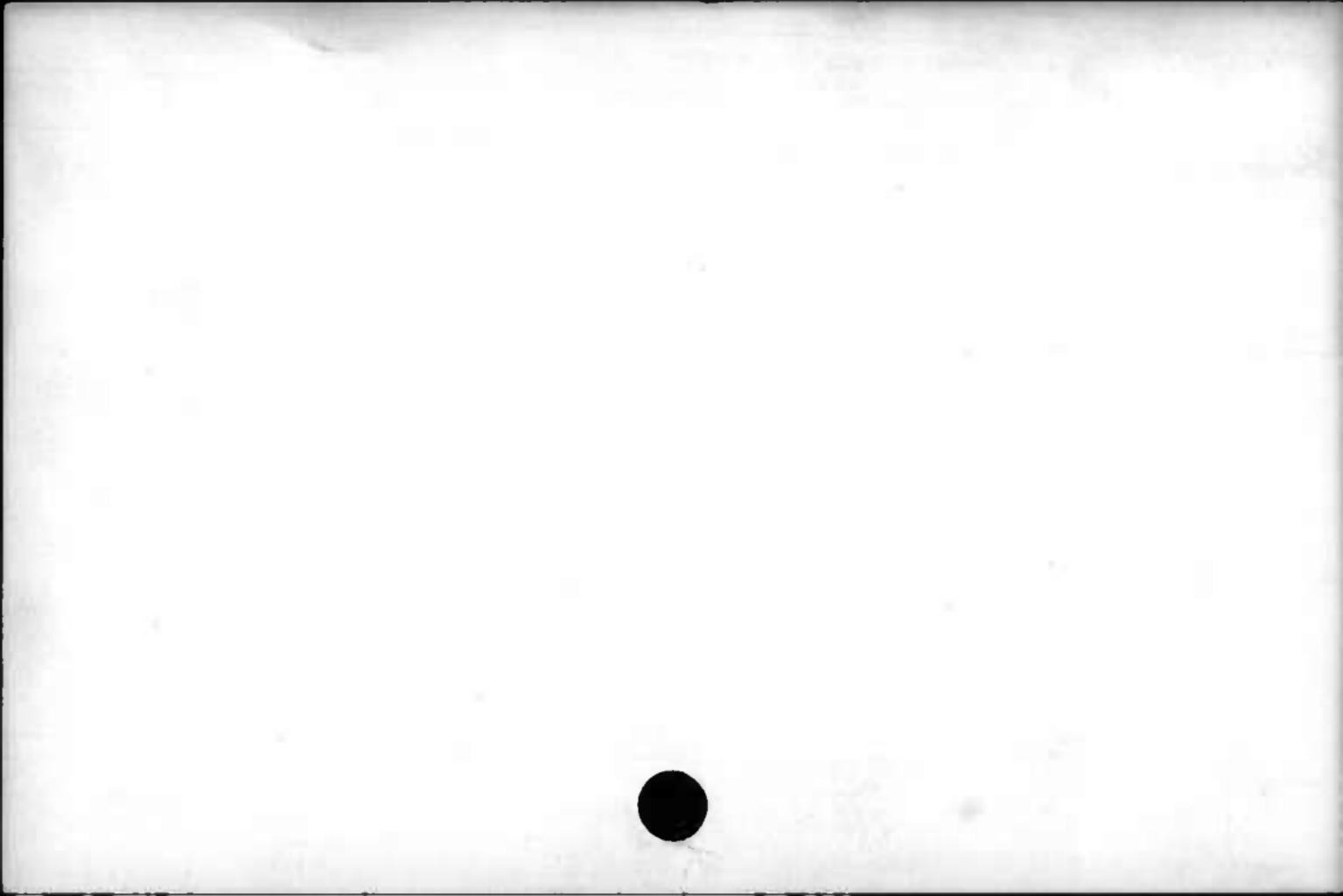
Died at		Town	B. Geo.		County	MARYLAND	
Date of death	1903	Month Jan	Day 16	Age 38	Years	Months	Days
Sex	Female		Color or Race	Black	Birth-place	O. H. G. Md	
Occupation	Cook		Where Residing if not at place of death		Fr. Geo. C. Md		
Married, Single or Widowed	Married	Name of Wife or Husband	William Allen				
Father's Name	Hudson Johnson		37	Father's Birthplace	Md		
Mother's Maiden Name	Dorothy Brown		Mother's Birthplace	Md			
Name of person giving information	William Allen		How related to deceased	Spouse			

CAUSES OF DEATH

Primary	Chronic bronch.	How long	Dont know
Immediate	Purulent Septicemia	How long	Dont know
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. E. Griffith

Accident or Suicide?

Dying when I saw her.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margant Arnold

CERTIFICATE OF DEATH

Died at	Walls	own	County	Prince George	MARYLAND
Date of death	1903	Month Jany	Day 6	Years 75	Months 3
Sex	Female	Color or Race	White	Birth- place	Prince George
Married, Single or Widowed	Widowed	Occupation	Farmers wife		
Name of Wife or Husband	Edward Arnold				
Father's Name	Leemiah Itells		Father's Birthplace	A.A.Co	
Mother's Maiden Name	Margant Itells		Mother's Birthplace	A.A.Co	
Name of person giving Information	Edmund Arnold		How related to deceased	Daughter	

CAUSES OF DEATH

Primary

Heart disease 79

How long

Unknown

Immediate

Syncope

How long

Two hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A.R. Walker, M.D.

Address

Mitchelville, Md

Accident or Suicide?

0170113

Name  
in  
Full

George Washington Binnix

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	75	2
Married, Single or Widowed	Vadlower	Occupation	Blacksmith		
Name of Wife or Husband	Savina Ann. (High) Binnix				
Father's Name	William Binnix				
Mother's Maiden Name	Elizabeth Binnix <sup>Morany</sup> <del>nee</del>				
Name of person giving information	Geo. G. Stewart				

CAUSES OF DEATH

PHYSICIAN  
OR CORoner

Primary

How long

Immediate

How long

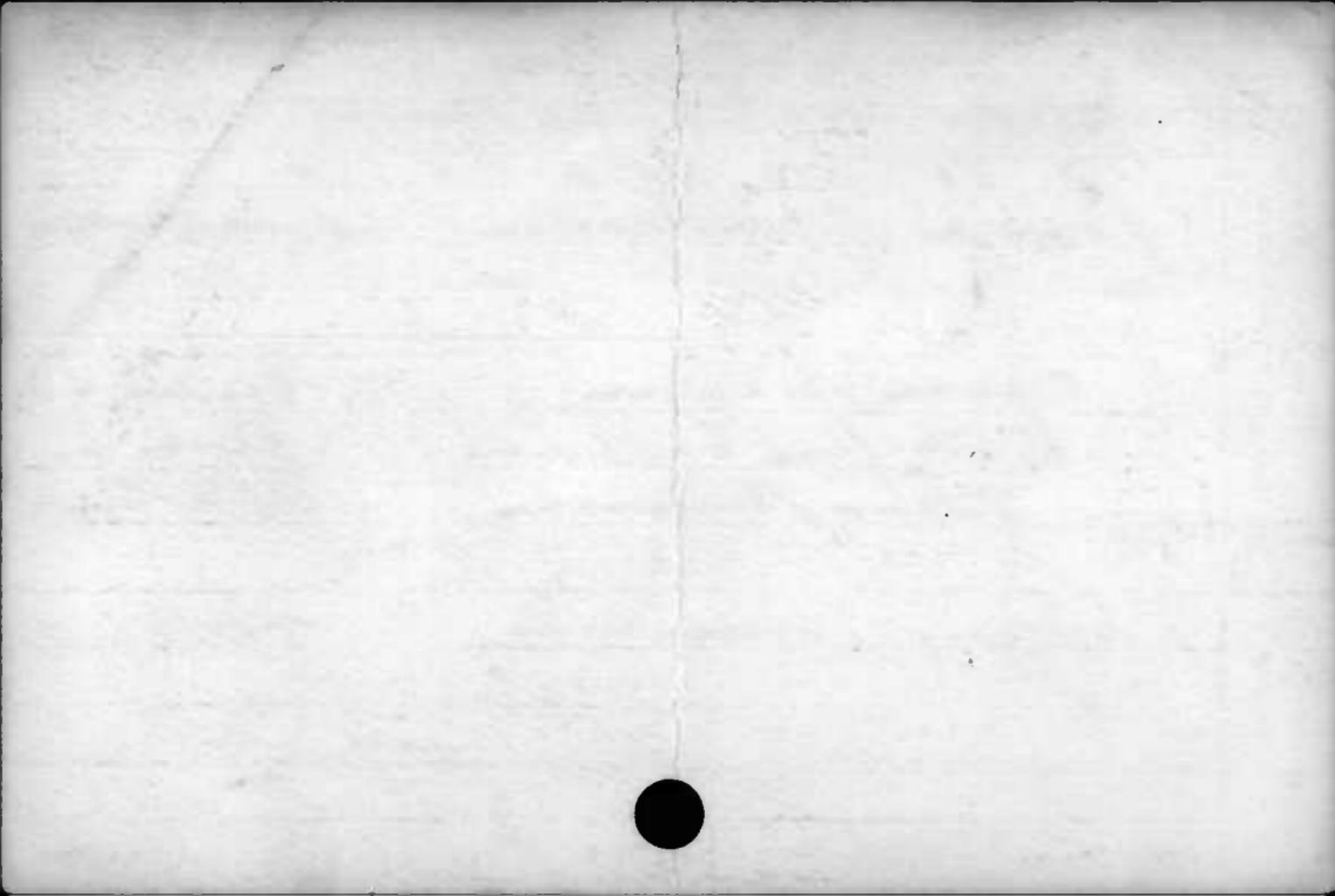
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John M. Knobell M.D.

Accident or Suicide?



Name  
in  
Full

Methie Brauner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Princ George			MARYLAND		
Died <u>on Oct 13 1903</u>	Month	Day	Years	Months	Days	
Date of death 1903	1	13	17	4	-	
Sex <u>Female</u>	Color or Race	<u>colored</u>			Birth-place	<u>Prince George</u>
<u>Married, Single or Widowed</u>				Occupation	<u>-</u>	
Name of Wife or Husband	<u>-</u>			Father's Name	<u>Oscar Brauner</u>	
Mother's Maiden Name	<u>Kary Jane Chapman</u>			Father's Birthplace	<u>Charles Co</u>	
Name of person giving information	<u>Oscar Brauner</u>			Mother's Birthplace	<u>Charles Co.</u>	
How related to deceased				How long	<u>Father</u>	

CAUSES OF DEATH

Primary

Giliary Tuberculosis.

How long

4 weeks.

Immediate

3x

Are the name, age, sex, color, date and place correctly given above?

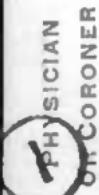
Geo

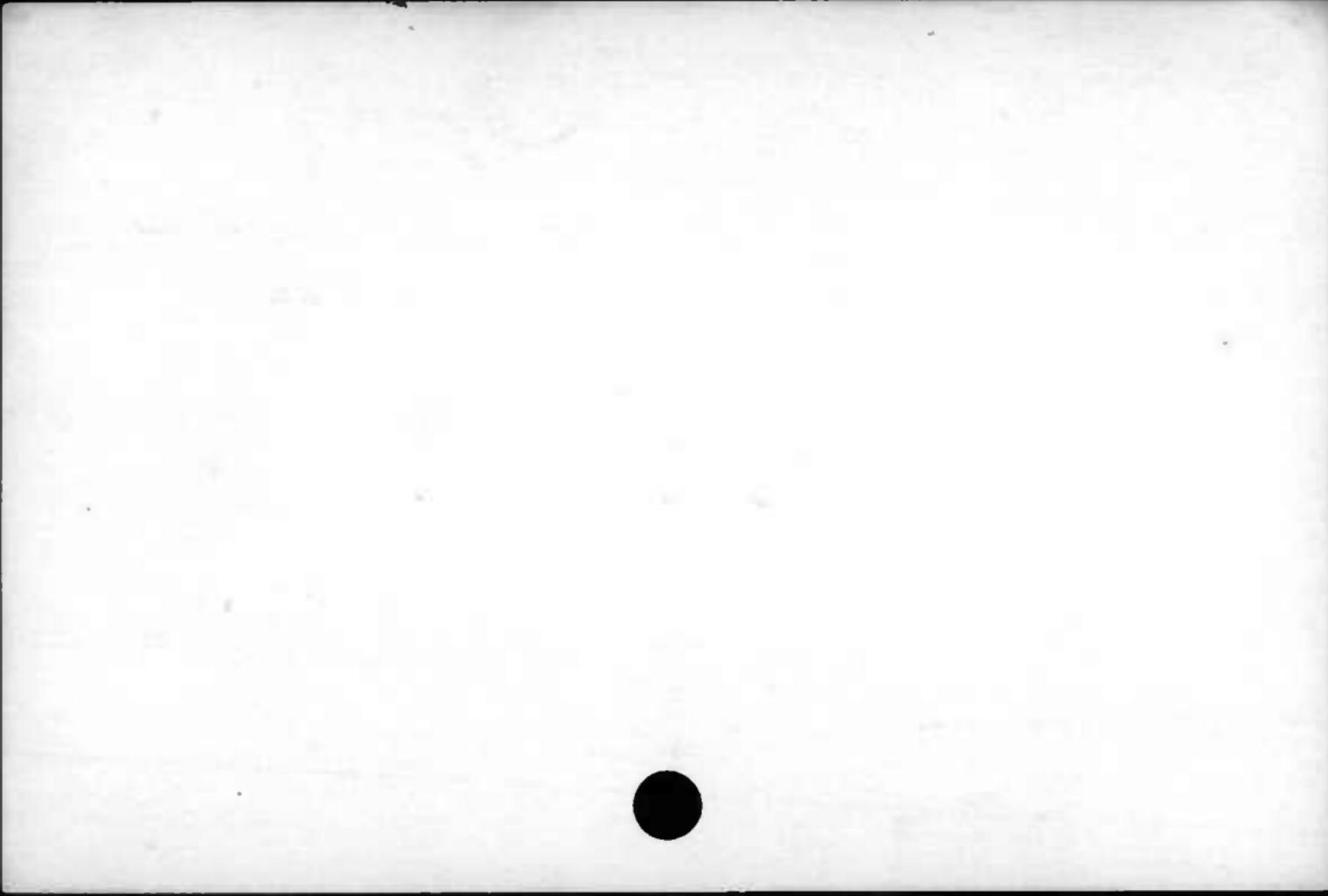
Signature of Physician

Address

Harry Haller  
Great Valley  
Del.

Accident or Suicide?





Name  
in  
Full

George Buller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Jan	Day 24	Age 39	Years 10	Months 15 Days
Sex Male	Color or Race Black	Occupation Porter	Birth-place Maryland		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name John J. Butter				Father's Birthplace	M-d
Mother's Maiden Name unknown				Mother's Birthplace	M-d
Name of person giving information Wm. Zeller				How related to deceased	none

CAUSES OF DEATH

Primary

Consumption

How long

two years

Immediate

Hemorrhage of lung

How long

1/2 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

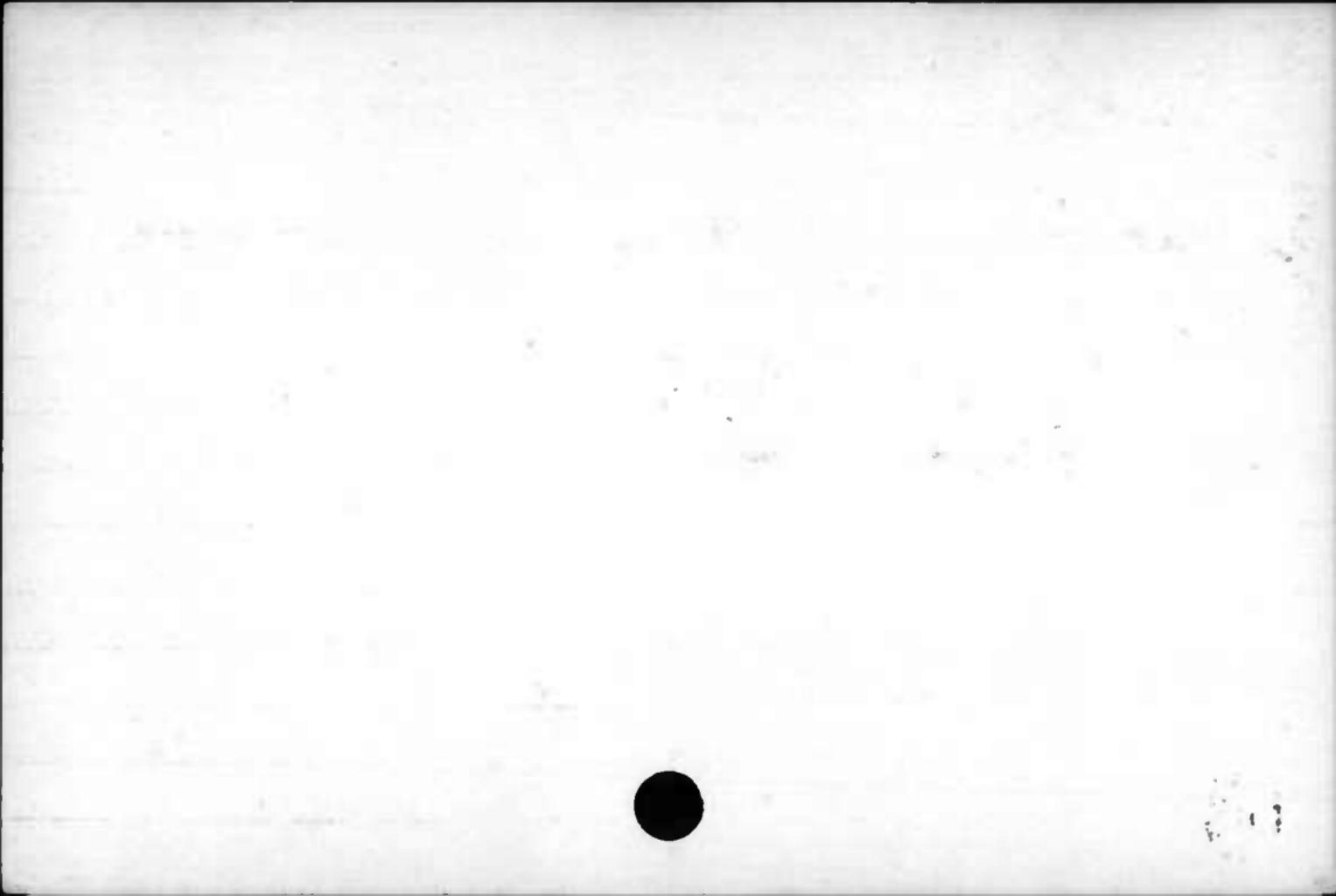
Address

J. M. Parkerbird  
Rose Croft  
M-d.

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

Susie Burroughs

CERTIFICATE OF DEATH

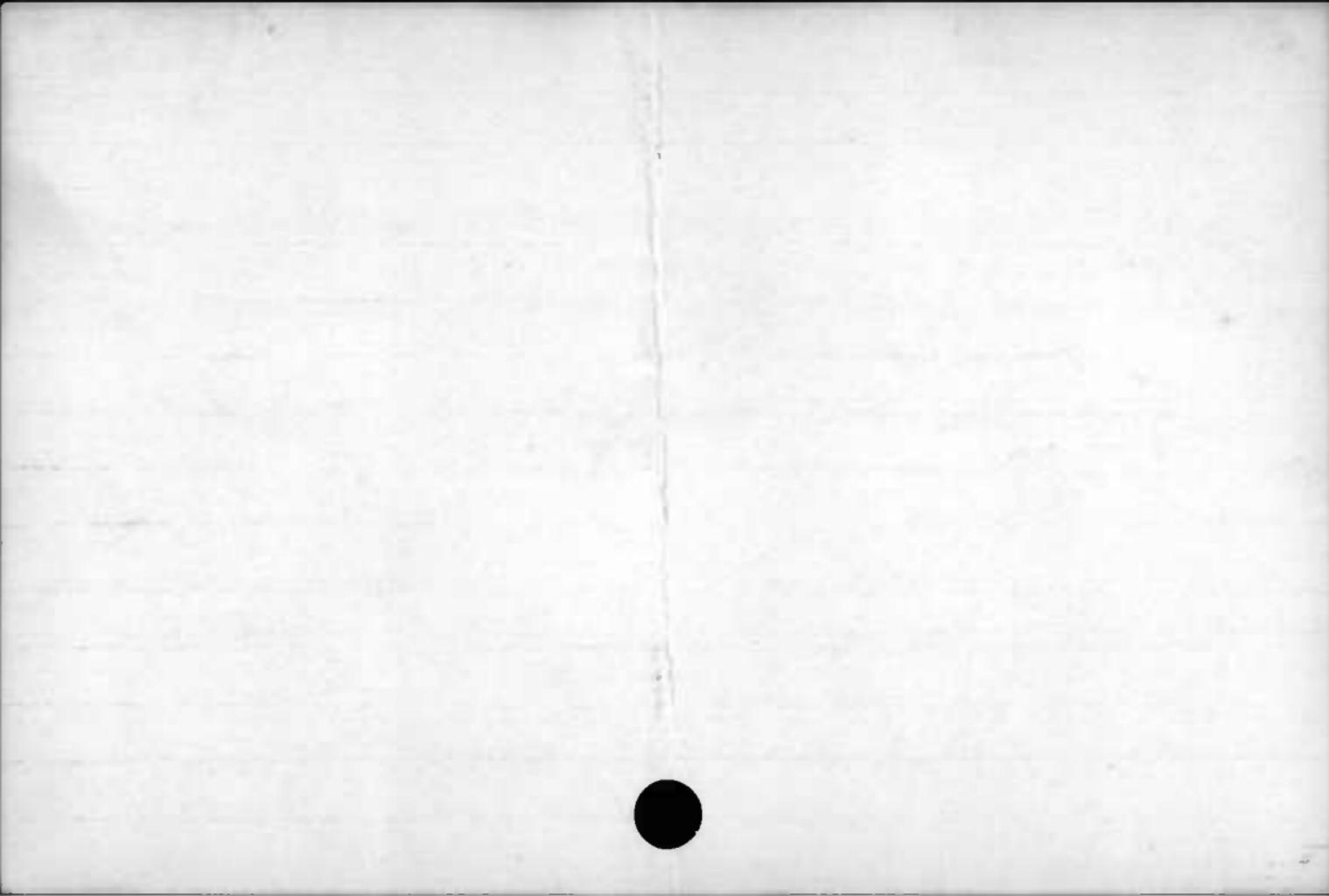
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
JB		Baltimore			
Date of death 1908	Month 1	Day 16	Years 37	Months	Days
Sex Female	Color or Race Colored	Occupation	Widow		
Married, Single or Widowed			H. marrige		
Name of Wife or Husband					
Father's Name Benji Boyd	Father's Birthplace				
Mother's Maiden Name Lettie Pinkney	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	12 mos.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John D. Cox
Yes		Address	213. Mc
1			
Accident or Suicide?			



Unnamed Infant of Mrs. & Mrs. John Cameron

Died at <sup>Town</sup> Pleasant

<sup>County</sup> P. Guy.

MARYLAND

Date 1903	Month Jan.	Day 6	Age Half hour.	Native of Md.	Occupation Infant.
Male	White		Married	Widow	Divorced
Female	Colored		Single	Widower	Number of children living —

Husband of —

Wife

Father's Name

John Cameron

Mother's Name

Agnes Cameron

Cause of

Primary

Labor.

How long sick

Death

Immediate

Dyspnoea

151

Accident, Suicide, Homicide

Reported by

L. S. Savage M.D.

Baltimore, D. C.

Address

(1) Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George H Chapman

Town

Died at Brainer Vieler

County

Pt Geo co md

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903	Month Jan	Day 25	Years 1	Months 1	Days 1
Sex Male	Color or Race	Occupation <i>color</i>			
Married, Single or Widowed					

Name of Wife or  
Husband

Father's  
Name

Jeremrah Chapman

Father's  
Birthplace

md

Mother's  
Maiden Name

Elizabeth Chapman

Mother's  
Birthplace

md

Name of person giving  
Information

Jeremrah Chapman

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Burns

How long

167

Immediate

How long  
1 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Frank Woodworth  
Woodmore Rd md

Address

Accident or Suicide?



*Joseph Guy Cross*

Town  
*Aquasco*County  
*Prince George's*

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1908

1 - 18

Age - 4 - 18

*Md*

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of Death

Mother's Maiden Name

How long sick

Primary

Death

Immediate

*Pneumonia**15*

4 days

Accident, Suicide, Homicide

Reported by

*H. Mervin Bowes*  
*Aquasco Md*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alonza Davis

Died at Chiltenham Town Pr Geo. County MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date <u>1903</u>	<u>Jan 31</u>		<u>2</u>			<u>md</u>	
Male	White		Married		Widow	Divorced	
<u>Female</u>	Colored		Single		<u>Widower</u>	Number of children living	<u>3</u>

Husband of

Wife

Father's Name

Geo Davis

Mother's Name

Maggie Davis

Cause of Death Pneumonia Primary How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by

J N B Latimer (M.D.)

Address

"B" Pr Geo. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry D. Douglass

Town

County

Died at

Edenville

Prince George

MARYLAND

Date 1903

Month

Day

Y. M.

D.

Native of

Occupation

Date 1903

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Henry Douglass

Mother's Name

Rebecca Ford

Cause of Death

Primary

Injury to Spine.

How long sick

1 1/2 yrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

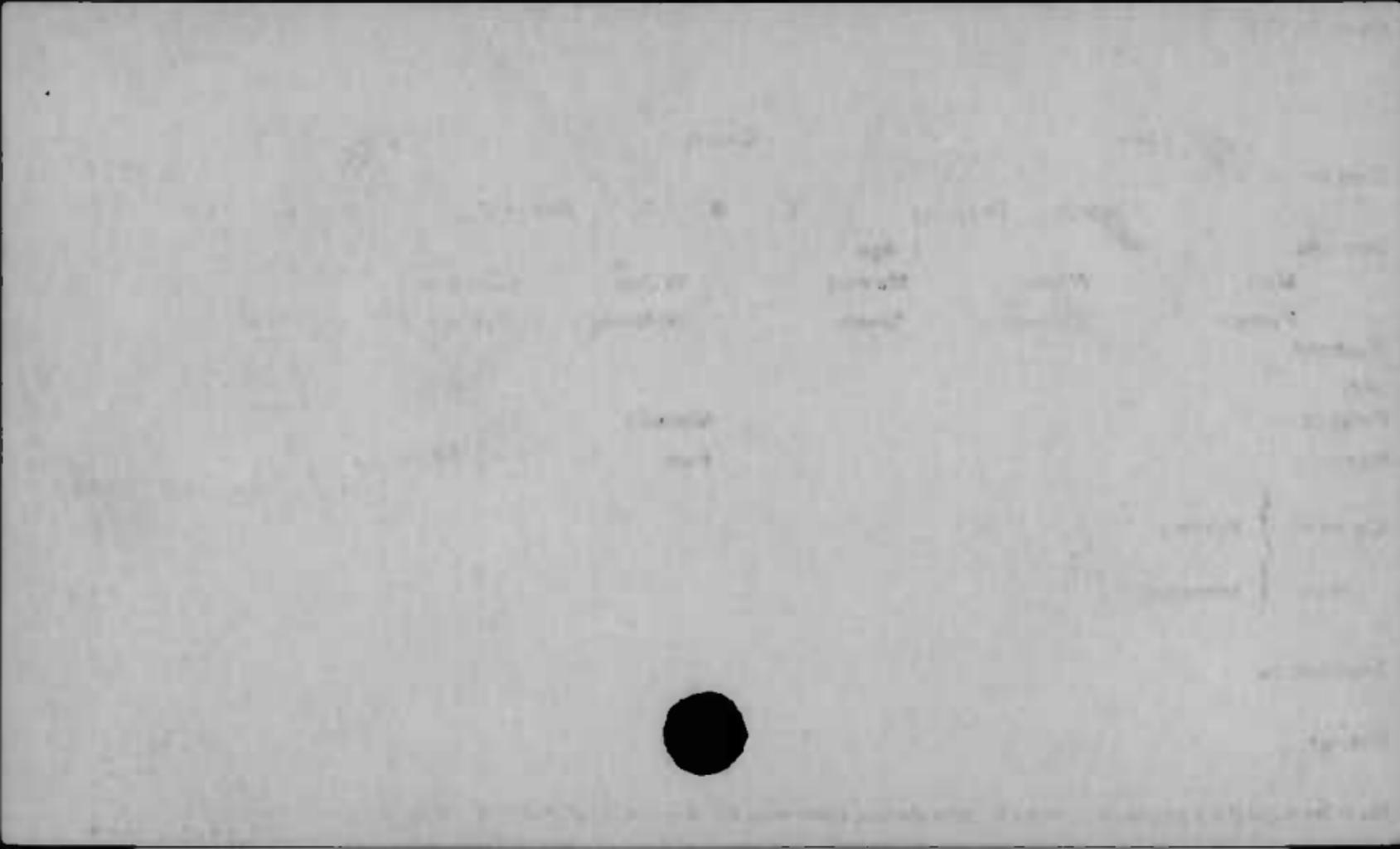
J E Bean

166

Address

Bader Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marie Duffie

Town

Bowie

County

Prince George

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

July 9

Age 4

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband  
of

Wife

Father's  
NameCharles DuffinMother's  
Maiden NameNellie Johnson

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

9/3

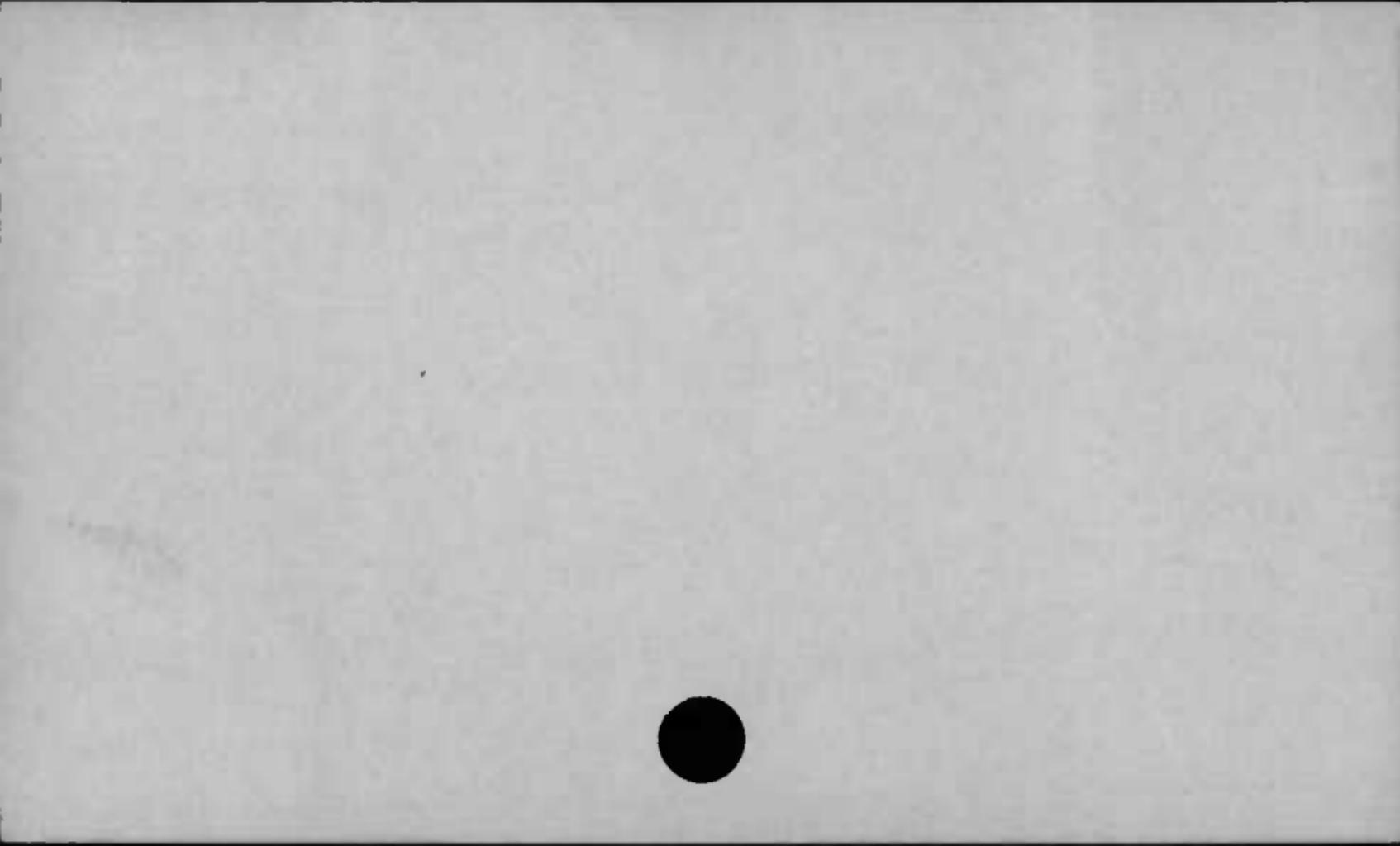
Accident, Suicide, Homicide

Reported by

Nelson A. By on 9/3  
Bowie MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rosie C French

Town

County

Died at

Anne Arundel

Prince George

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

July 7"

Age 74-10 -

Ma

Occupation

Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

William French

Mother's

Maiden Name

Anna Harozen

Cause of

Primary

Grip

How long sick

Six month

Death

Immediate

General debility

10

Accident, Suicide, Homicide

Reported by

C. A. Fox

Balto

Ma

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Gray M.D.

Town Laurel County

MARYLAND

Died at

903

Month Jan

Day 30

Y.

M.

D.

Native of

Delaware

Occupation

Physician

Date 1899

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

14

Husband of

Wife

Sallie E. Gray

Father's Name

Thos. L. Gray

Mother's Name

Elizabeth Stearns

Cause of Death

Primary

Cerebral Hemorrhage

How long sick

2 days

Immediate

Asphyxia

Accident, Suicide, Homicide

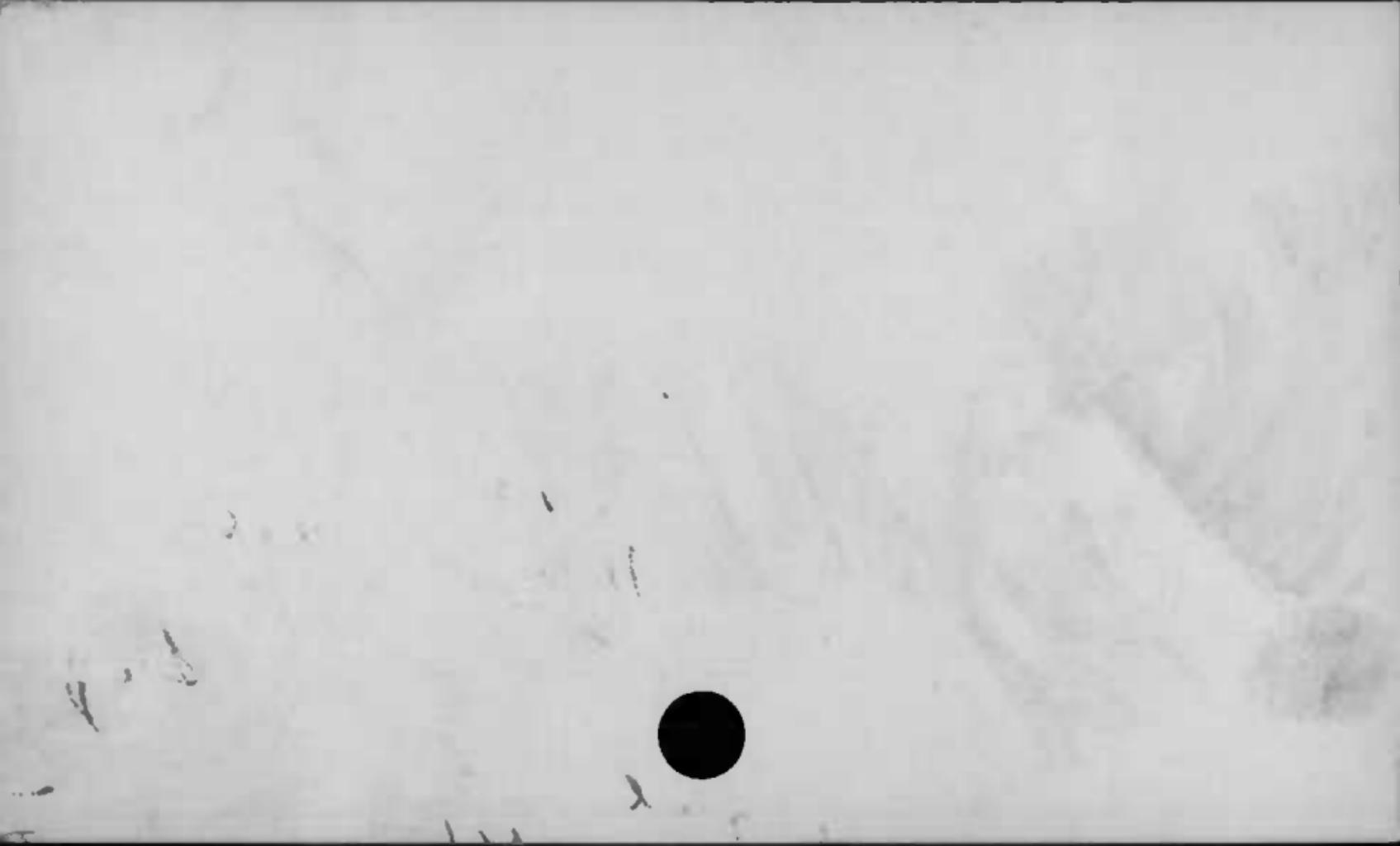
Reported by

W. T. Taylor M.D.

Address

Laurel 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elizabeth Ida Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

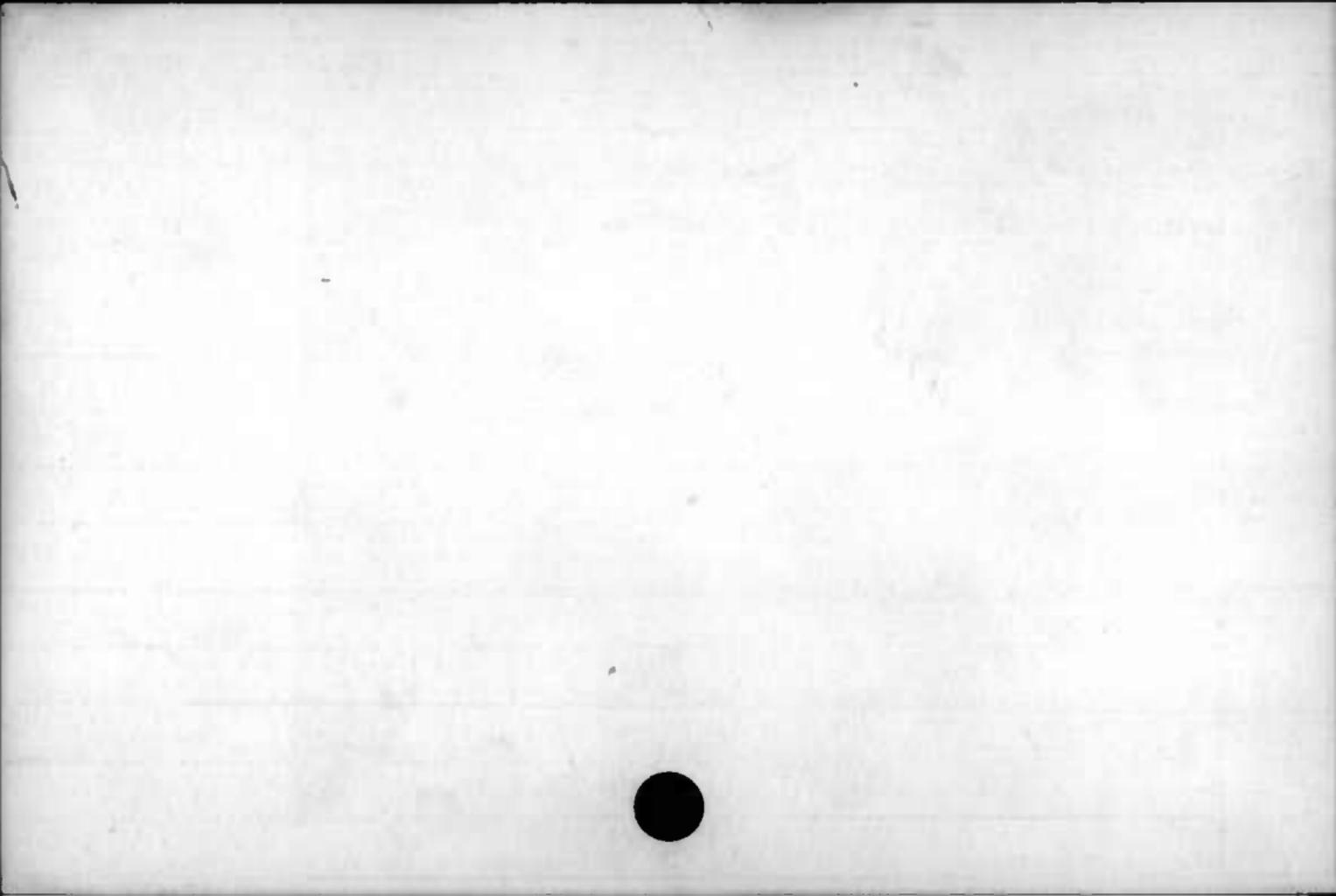
Died at Crown Station		Town	Prince Geo		County	
Date of death 1903	Month Jan	Day 31	Age 22	Years	Months 4	Days 13
Sex Female	Color or Race	Colored		Birth-place	Oxon Hill	
Married, Single or Widowed	Single	Occupation		Domestic		
Name of Wife or Husband						
Father's Name	Louis Griffith		Father's Birthplace		Prince Co	
Mother's Maiden Name	Rosalie Proctor		Mother's Birthplace		Prince Co	
Name of person giving Information	Louis Griffith		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congestion of lungs 95		How long	one week
Immediate	Asphyxia		How long	few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W H Gibbons	
		Address	Crown Md	
Accident or Suicide?				





Name  
in  
Full

Wm H Hamelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

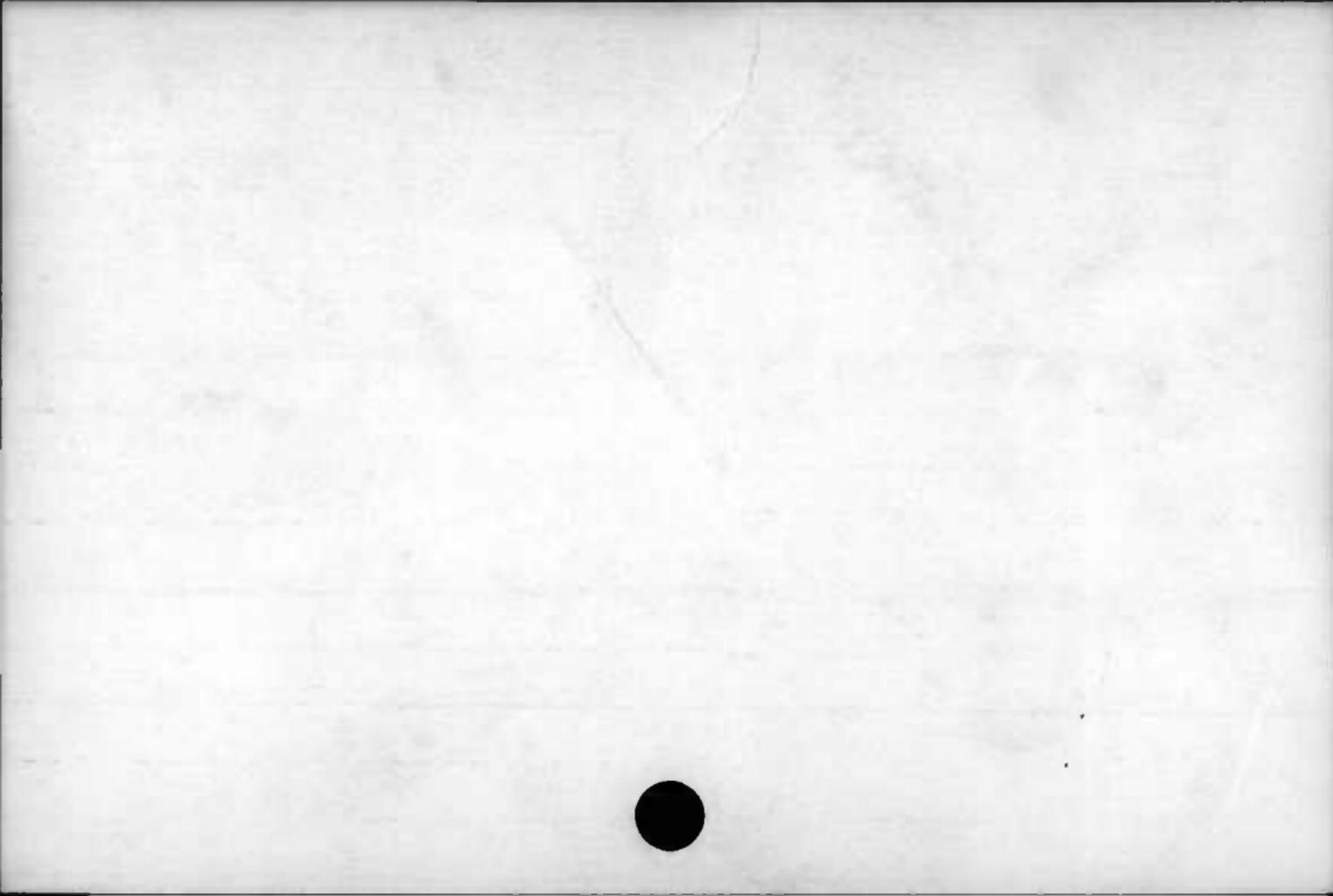
PHYSICIAN  
OR CORONER

1

Died at	Town	County	MARYLAND		
Date of death 1903	Month Jan	Day 8	Years 14	Months	Days
Sex Male	Color or race colored	Birth-place Md			
Married, Single or Widowed	Occupation Farm Hand				
Name of Wife or Husband					
Father's Name	John T Hamelton Md				
Mother's Maiden Name	Loweser Hancock Md				
Name of person giving information	John Hamelton Father				

CAUSES OF DEATH

Primary	Lock Jaw (Titaneus)	How long 10 days
Immediate	Cardiac failure	How long few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address
Yes		Madeline Bawood, M.D. Halls, Princeton, N.J.



<i>Joseph Stanton</i>					
Town <i>Picatinny</i>	County <i>Prince Georges</i>	MARYLAND			
Died at	Month Date 1903 -	Day - 25 -	Y. M. D.	Native of <i>Md</i>	Occupation <i>Farmers</i>
Male	Age 72	<del>Married</del>	<del>Widow</del>	<del>Widower</del>	<del>Number of children living</del>
<del>Female</del>	<del>White</del>	<del>Colored</del>	<del>Single</del>		
Husband of <i>                  </i>					
Wife	<i>Elizabeth J. Lambert</i>				
Father's Name <i>Peter D. Stanton</i>	Mother's Maiden Name <i>Elizabeth J. Lambert</i>				
Cause of Death Primary	<i>Infirmities</i>		How long sick <i>3 yrs.</i>		
Death Immediate	<i>At home, Sunday morning</i>				
Reported by <i>E. S. Hunt</i>					
Address <i>Picatinny</i>	<i>Md 184</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Rich &amp; Hauillor Hawkins

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Meadows	J.G.C.			Months	Days	
Date of death	1903	Month 1	Day 3	Years			
Age	71						
Sex	Male	Color or Race	Black	Birth-place	B.Geo Co		
Married, Single or Widowed	Widower	Occupation	—				
Name of Wife or Husband	—						
Father's Name	—			Father's Birthplace	—		
Mother's Maiden Name	—			Mother's Birthplace	—		
Name of person giving Information	Patrick Hawkins			How related to deceased	Son		

## CAUSES OF DEATH

Primary	Hypertension pulmonalis		How long	19y
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. A. Griffith	
		Address	Upper Marlboro Md	
<input checked="" type="checkbox"/> OR CORONER				
Accident or Suicide?				



Name  
in  
Full

Melly Itchan.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

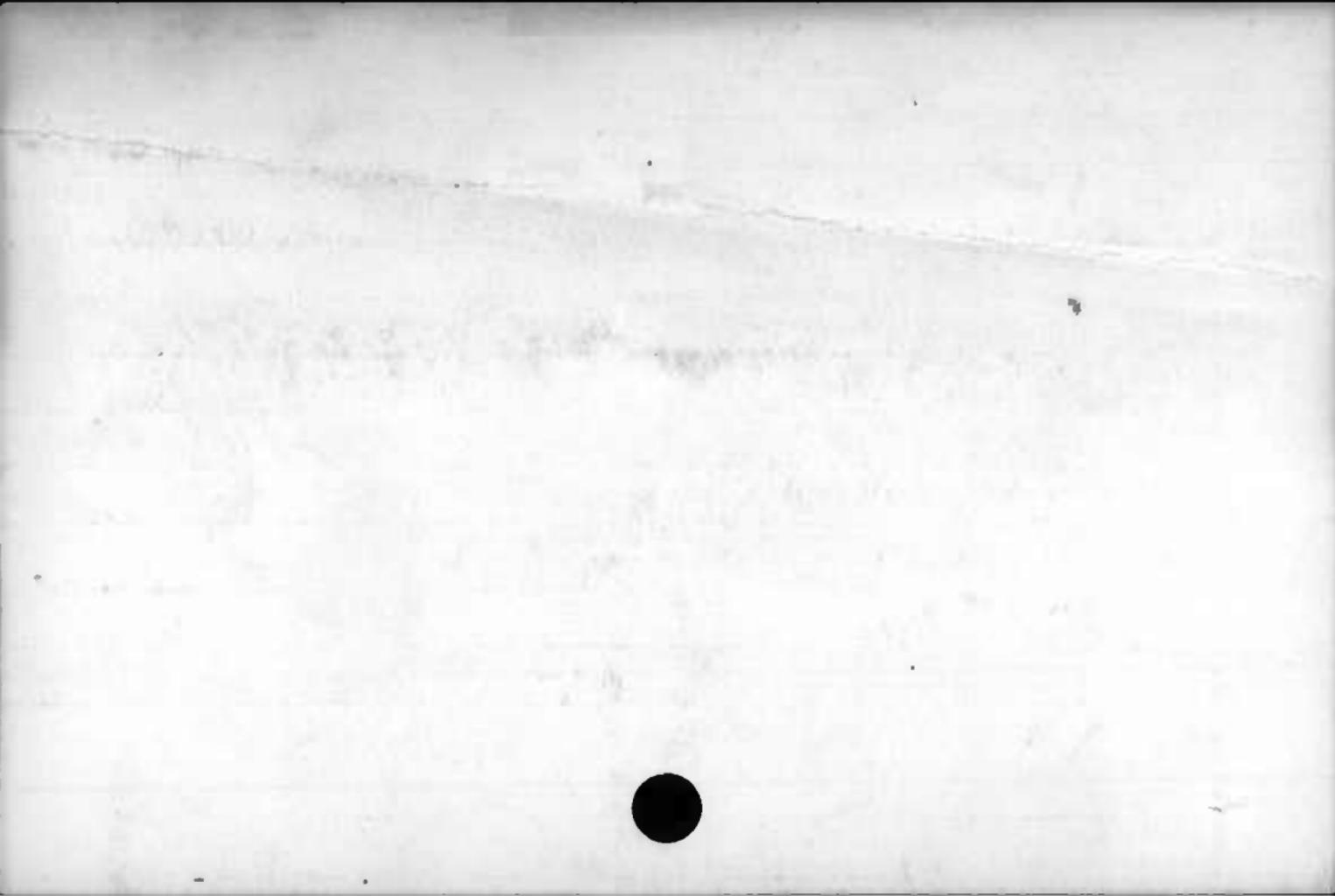
Died at	Town	County		MARYLAND		
Date of death 1903	Month Jan	Day 17	Age 8	Years —	Months —	Days —
Sex Male	Color or Race Negro.	Occupation		Birth-place Prince L. Co.		
Married, Single or Widowed Single				Child		
Name of Wife or Husband						
Father's Name	John Itchan			Father's Birthplace	Prince L. Co.	
Mother's Maiden Name	Rosa. Itchan. (Same name)			Mother's Birthplace	Charles Co.	
Name of person giving Information	William. Shorlin			How related to deceased	not related	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

9

Primary	Drainage	How long	1 year.
Immediate	Typhous like	How long	1 mo.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Payne
		Address	Lansd. Md.
Accident or Suicide?			



Name  
in  
Full

David J. House

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laurel Md						County Priv. Co		CERTIFICATE OF DEATH	
Date of death 1903	Month Jan	Day	Age 58	Years	Months	Days	MARYLAND		
Sex Male	Color or Race White	Occupation Labourer		Birth-place allegany Co, Md					
Married, Single or Widowed Married	Name of Wife or Husband Sarah J. House		Father's Name David House		Father's Birthplace allegany Co, Md				
Mother's Maiden Name Laura Cliffins	Mother's Birthplace " "		How related to deceased Sister to deceased						
Name of person giving Information Sarah E. House									

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Gastrostrophic nephritis  
How long 10 days

Immediate  
Apathy  
How long 2 days

Are the name, age, sex, color, date  
and place correctly given above?

rs

Signature of  
Physician

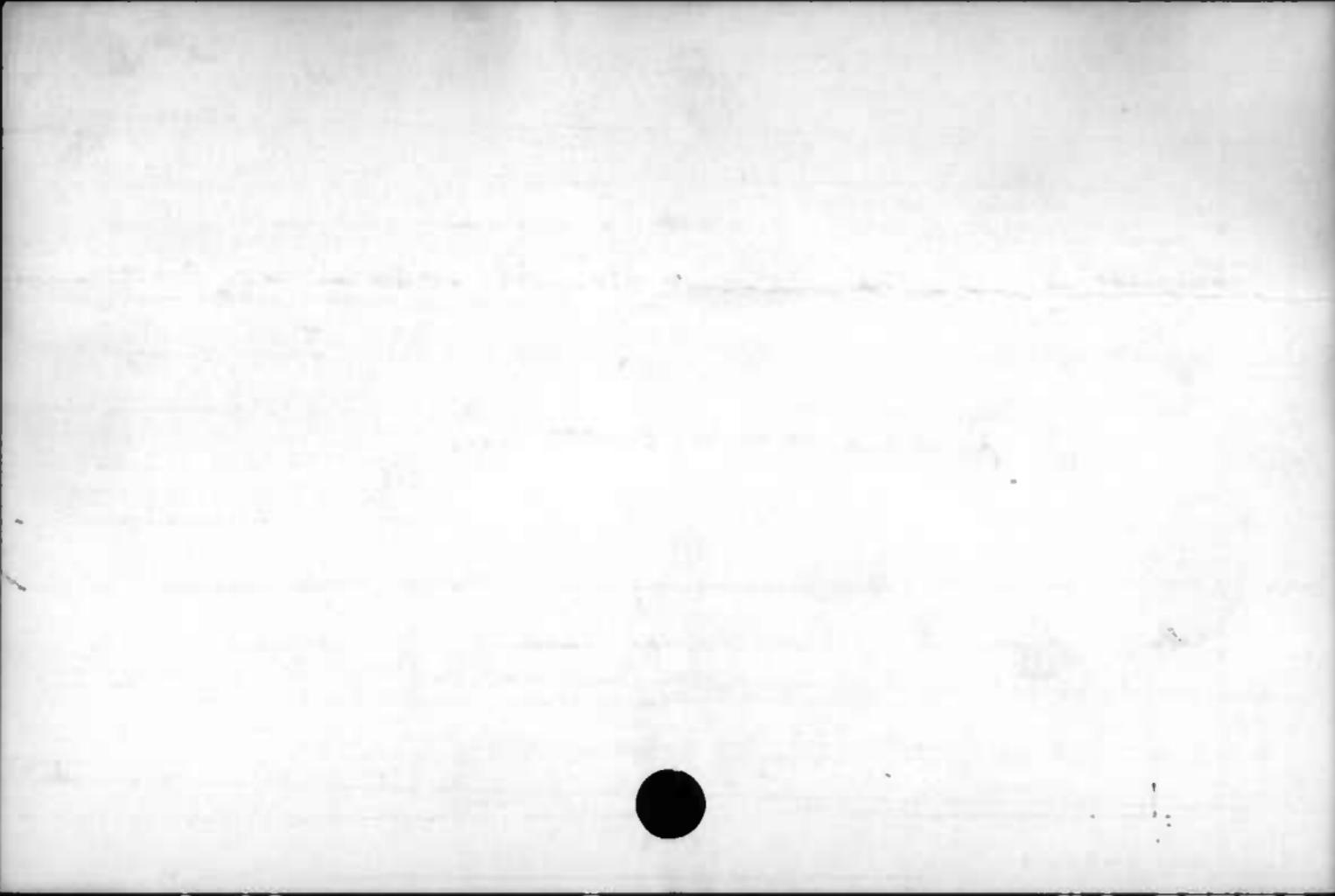
Address

O. J. Ryan  
Laurel

Md.

Accident or Suicide?





Name in Full

Certificate of Death

Lizzie ~~Levi~~ Jackson  
 Town County  
 Died at Moundsville Brice Geo.

MARYLAND

Date 1903	Month Jan	Day 12	Y. 3	M. 3	D. 12	Native of Md	Occupation housewife
			Age				
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower		Number of children living	

~~Husband~~ of  
Wife

Father's Name

Lewis Jackson Mother's Name

Mary Jackson

Cause of

Primary

Bronchitis

How long sick

Death

Immediate

Exhaustion

1 week

Accident, Suicide, Homicide

Reported by

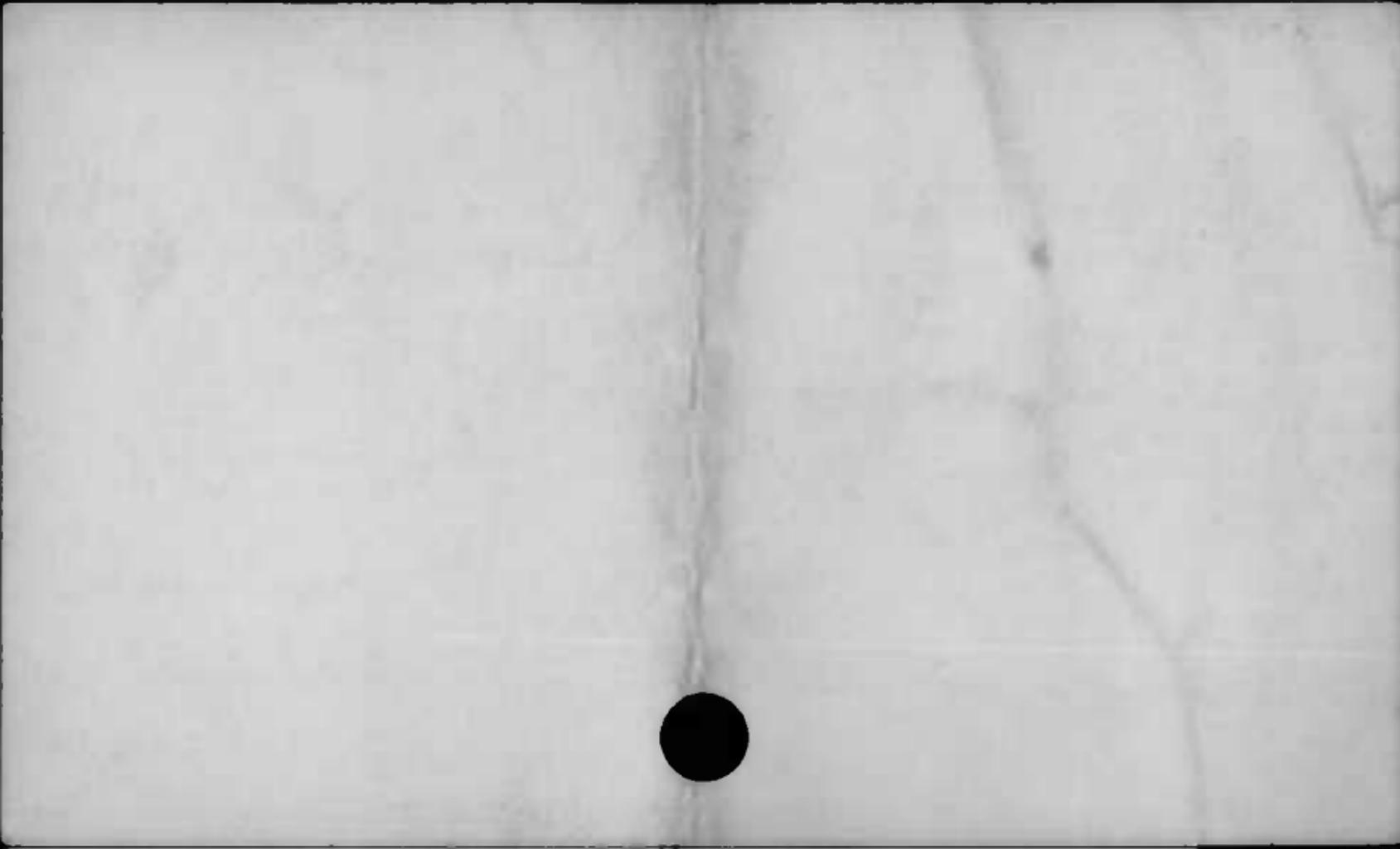
W. F. Taylor M.D.

Address

Laurel [redacted] Md

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Francis Lourtha Jenkins

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

19

Month

Day

Y.

M.

D.

Native of

Occupation

White

Age 44  
Married

Female

Single

Widower

Number of children living

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Month

Day

Y.

M.

D.

Native of

Occupation

White

Married

Widower

Number of children living

Female

Single

Widower

Number of children living

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

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Cause of

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Cause of

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Cause of

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Wife

Father's

Name

Cause of

Death

Reported by

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Father's

Name

Cause of

Death

Reported by

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Father's

Name

Cause of

Death

Reported by

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Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

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Wife

Father's

Name

Cause of

Death

Reported by

Address

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Wife

Father's

Name

Cause of

Death

Reported by

Address

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Wife

Father's

Name

Cause of

Death

Reported by

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Wife

Father's

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Cause of

Death

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Cause of

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Reported by

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Cause of

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Reported by

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Cause of

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Father's

Name

Cause of

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Cause of

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Father's

Name

Cause of

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Cause of

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Cause of

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Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

~~Husband~~ of

Wife



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John King					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death 1903	Month 1	Day 23	Age 74	Years	Months	Days	
Sex Male	Color or Race white	Occupation Farmer	Birth-place Md.				
Married, Single or Widowed married							
Name of Wife or Husband Elisabeth R King							
Father's Name John W. King			Father's Birthplace Md.				
Mother's Maiden Name Sarah A. White			Mother's Birthplace Md.				
Name of person giving Information Thomas P. King			How related to deceased Son				

CAUSES OF DEATH

Primary	Paralysis	How long	48 hours.
Immediate	General exhaustion	How long	-

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

John E. Sausbury

Forestville

Maryland.

Accident or Suicide? neither,





Name  
in  
Full

Will B Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	Occupation	Birthplace			
Married, Single or Widowed	~	~		Crown St			
Name of Wife or Husband	~	~					
Father's Name	Charles Lewis	~		Father's Birthplace	Dr. Leo Co		
Mother's Maiden Name	Laura Green	~		Mother's Birthplace	" " Md		
Name of person giving information	Laether	~		How related to deceased	~		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER



Primary

Dan Lewis 19

How long

Immediate

How long

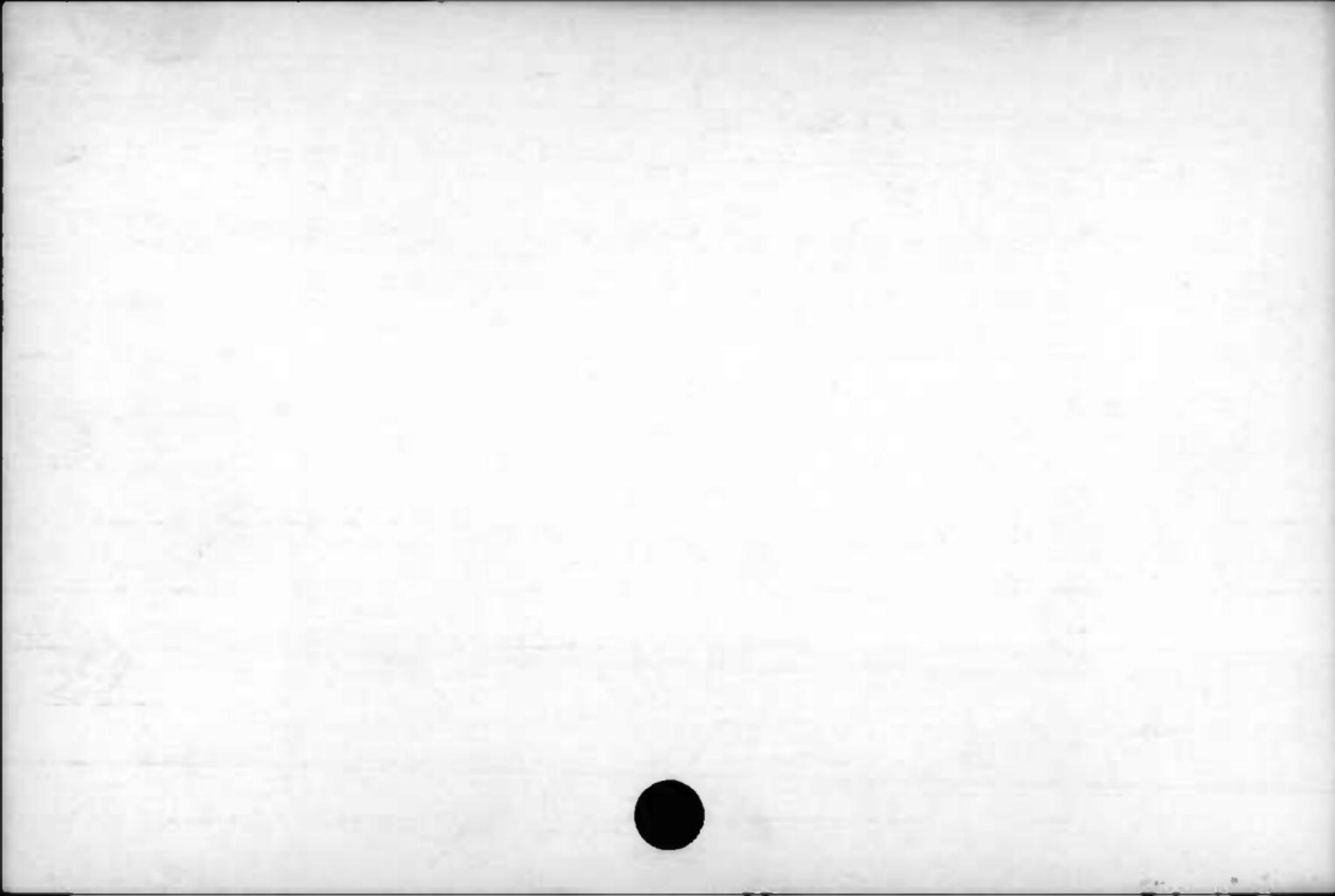
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Gifford  
Upper Marlboro

Accident or Suicide?



Name  
in  
Full

Mary Locke

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

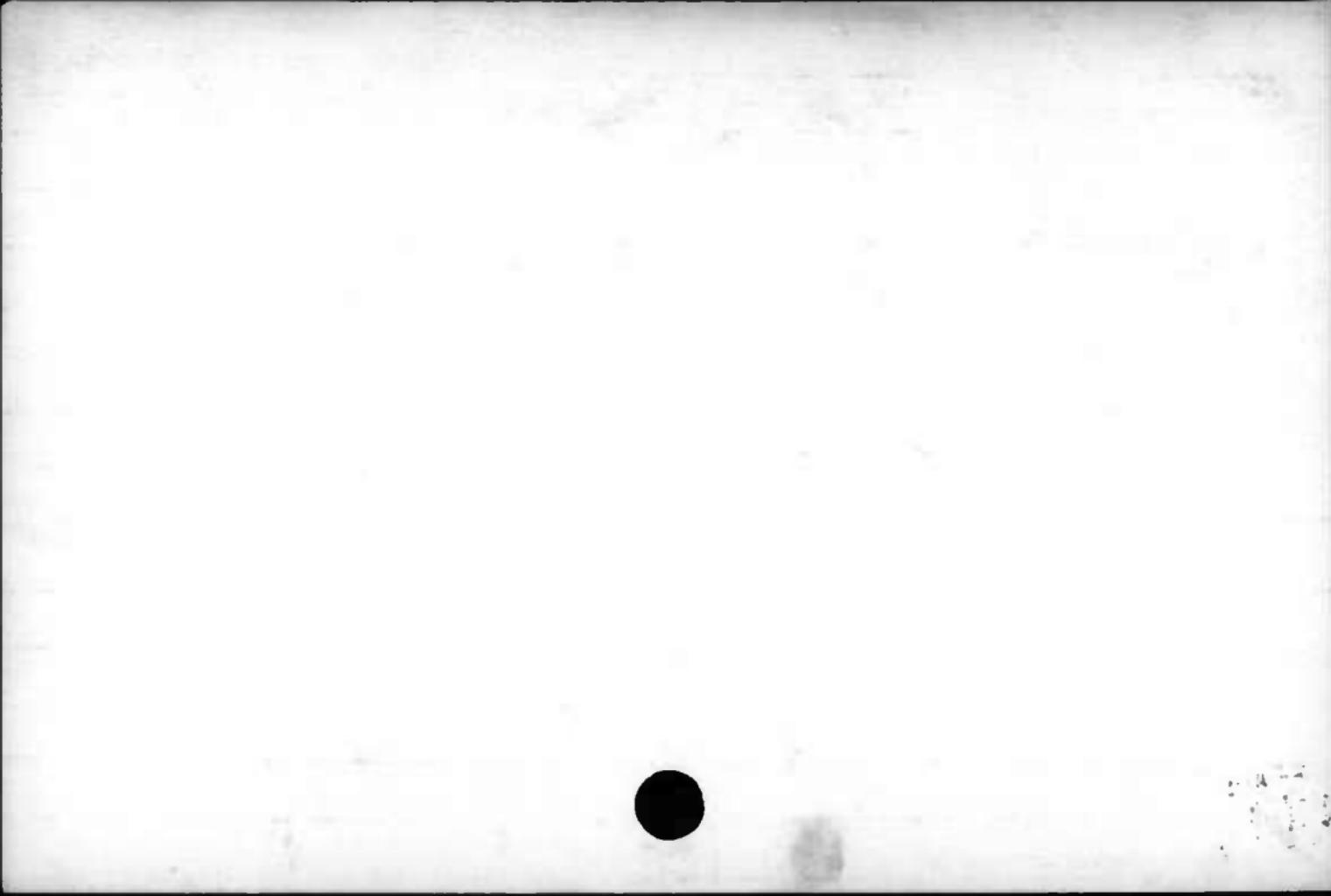
Died at	Town <u>Oven Hill</u>	County <u>Prince Geo.</u>	MARYLAND	
Date of death 190	Month <u>Jan.</u>	Day <u>10<sup>th</sup></u>	Age <u>67</u>	Years Months Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth- place <u>ohio</u>
Married, Single or Widowed <u>Single</u>	Occupation <u>none</u>			
Name of Wife or Husband <u> </u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>			
Name of person giving Information <u>Mr. Kerfoot -</u>	How related to deceased <u>Brother in law</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>apoplexy</u>	<u>6/6</u>	How long <u>7 days</u>
Immediate	<u>Asthma</u>		How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. M. Parker</u>	
		Address <u>Rose Croft</u>	<u>Md</u>
Accident or Suicide? <u> </u>			





Name  
in  
Full

Allen Magnuder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth- Place		
Married, Single <del>&amp; Widowed</del>	Emma Magnuder				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Emma Magnuder			How related to deceased	40

CAUSES OF DEATH

Primary

Cancer of Stomach about one year

Immediate

Schistosim

How long

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

(1)

Accident or Suicide?

J. C. Richardson  
Neglect  
Md.



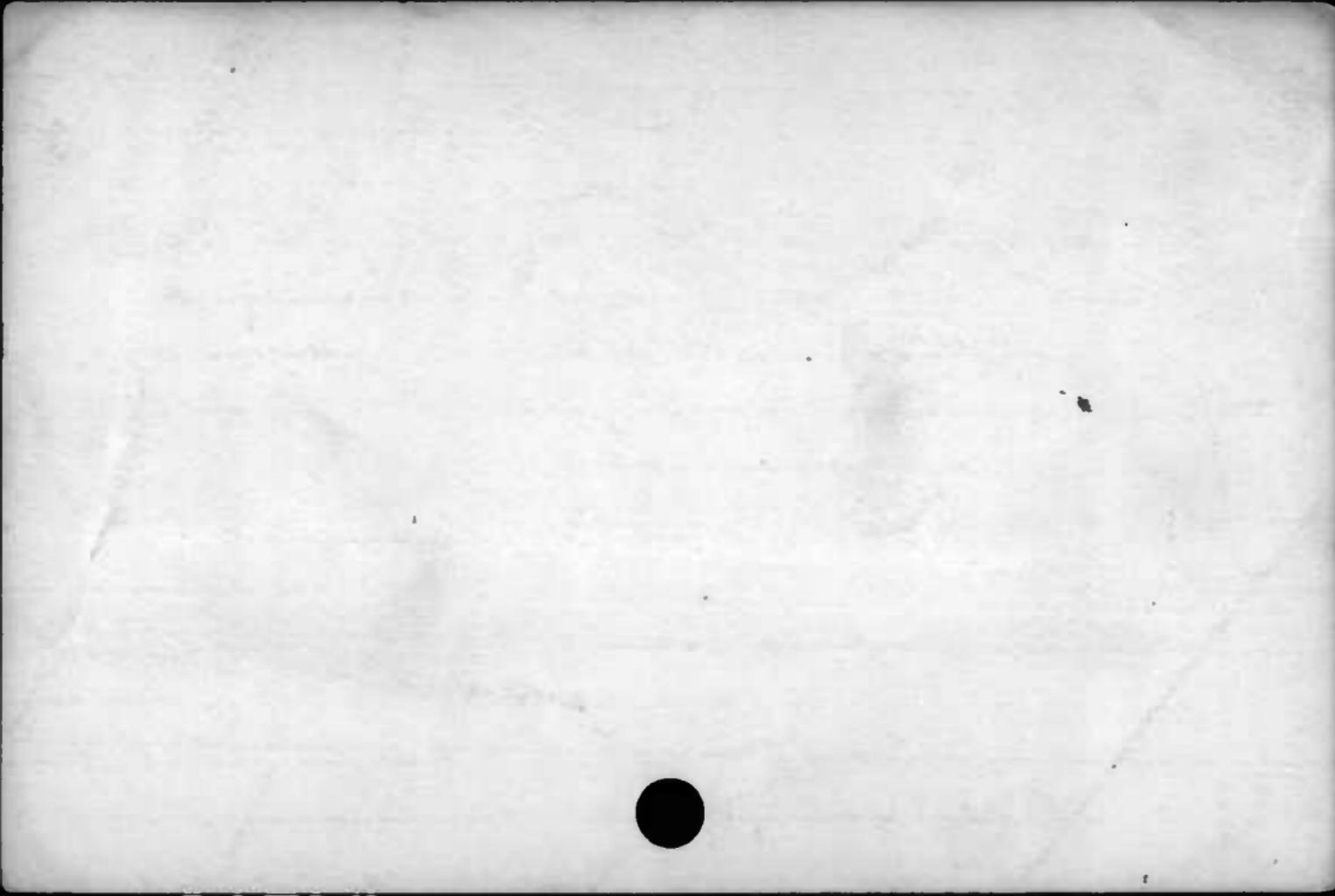
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Town,		County		MARYLAND	
Died at					
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed		Occupation			
Name of Wife or Husband	Mary Ellen Mallory				
Father's Name	David F. Mallory		Father's Birthplace	Eng.	
Mother's Maiden Name	Leahie M. Mallory		Mother's Birthplace	England	
Name of person giving Information	Mary Ellen Mallory		How related to deceased	Daughter	
CAUSES OF DEATH					
Primary	apoplexy	by	How long	30 minutes	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	Dr. Charles Matthews	
Accident or Suicide?					

1



# Richard Hills

Died at Nottingham Town Ori Geo Co County MARYLAND  
 Date 1903 Month 1 Day -20 Y. M. D. Native of Md.  
 Male White Age 1 Married Widow Occupation \_\_\_\_\_  
 Female Colored Single Widower Divorced \_\_\_\_\_  
 Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife

Father's Name

Porter Hills

Mother's Name

Chloe Ford

Cause of Death

Primary Pneumonia

How long sick  
4 days

Death Immediate

Accident, Suicide, Homicide

Reported by

Porter Hills

AB

Address

Nottingham

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name  
in  
Full

Henry Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
· NEAREST FRIEND

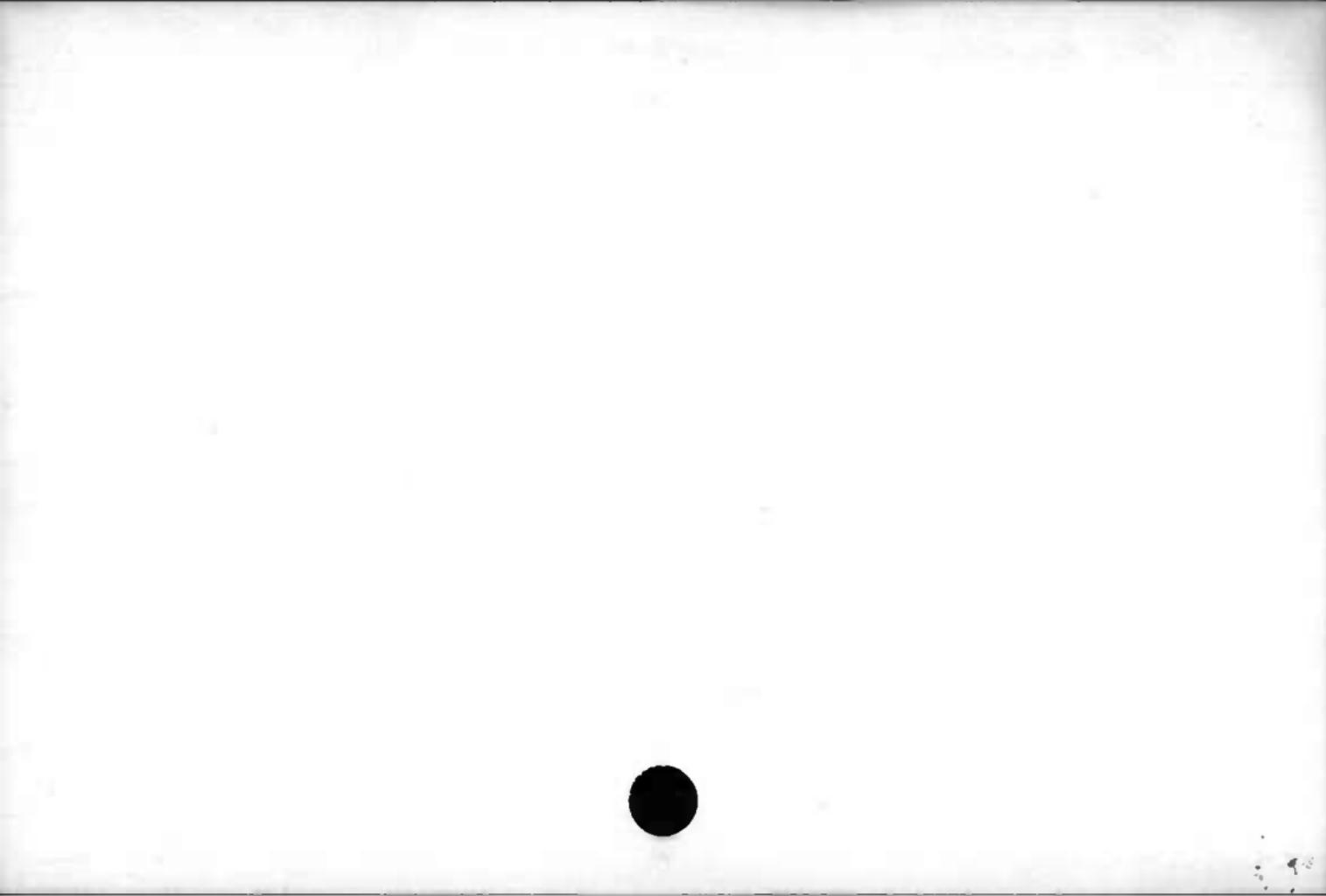
Died at	Town	P.G.	County	MARYLAND	
Date of death 1908	Month	Day	Years	Months	Days
Sex	Color or Race	Age	78		
Married, Single or Widower	Occupation			House	
Name of Wife or Husband	Multnomah				
Father's Name	Multnomah			Father's Birthplace	D.C.
Mother's Maiden Name	Multnomah			Mother's Birthplace	Columbia
Name of person giving Information	Subscriber			How related to deceased	Relative

CAUSES OF DEATH

Primary	154	How long	12 sec
Immediate	neuroleptic - Tuberous	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Cleary
		Address	Chicago
Accident - Suicide			

PHYSICIAN OR CORONER





Name  
in  
Full

Marcellus Lewman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

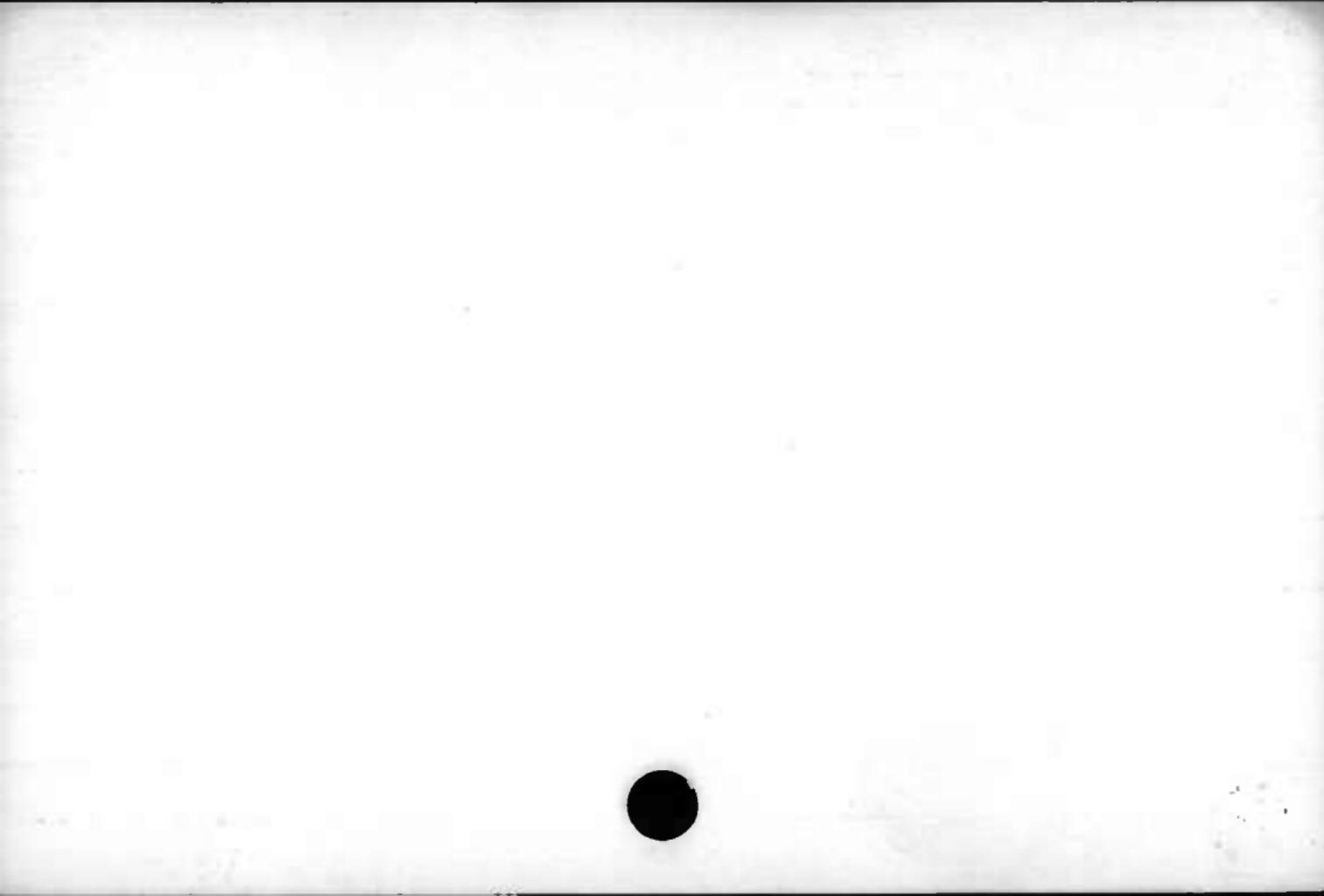
\* PHYSICIAN  
OR CORONER

1

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	1	14	5-2	-	-
Sex	Color or Race	Birth- place			New Port Md.
Married, Single or Widowed	Married	Occupation	Farmer & Fisherman		
Name of Wife or Husband					
Father's Name	Price Lewman				
Mother's Maiden Name	his known				
Name of person giving Information	William Lewman				

CAUSES OF DEATH

Primary	Rephritis	How long	8 mos
Immediate	Gastritis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Harry Kelly
Yes.		Address	Piney Bay Piney Bay Md
Accident or Suicide?			



Name  
in  
Full

William McKeydree Nicholson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

Died at

Rivardale

County

Prince George

MARYLAND

Date  
of death 1903

Month

Day

Years

Age

82

Months

8

Days

19

Sex

Male

Color or  
Race

White

Birth-  
place

Washington Co. Pa.

Married, Single  
or Widowed

Widower.

Occupation

Nothing.

Name of Wife or  
Husband

Father's  
Name

James Nicholson

Father's  
Birthplace

Ireland.

Mother's  
Maiden Name

Nancy McMary

Mother's  
Birthplace

Ireland.

Name of person giving  
Information

U. A. McMillan (Daughter)

How related  
to deceased

daughter.

CAUSES OF DEATH

Primary

Senile Debility.

3+

How long

Immediate

Senile Debility.

3+

How long

Are the name, age, sex, color, date  
and place correctly given above?

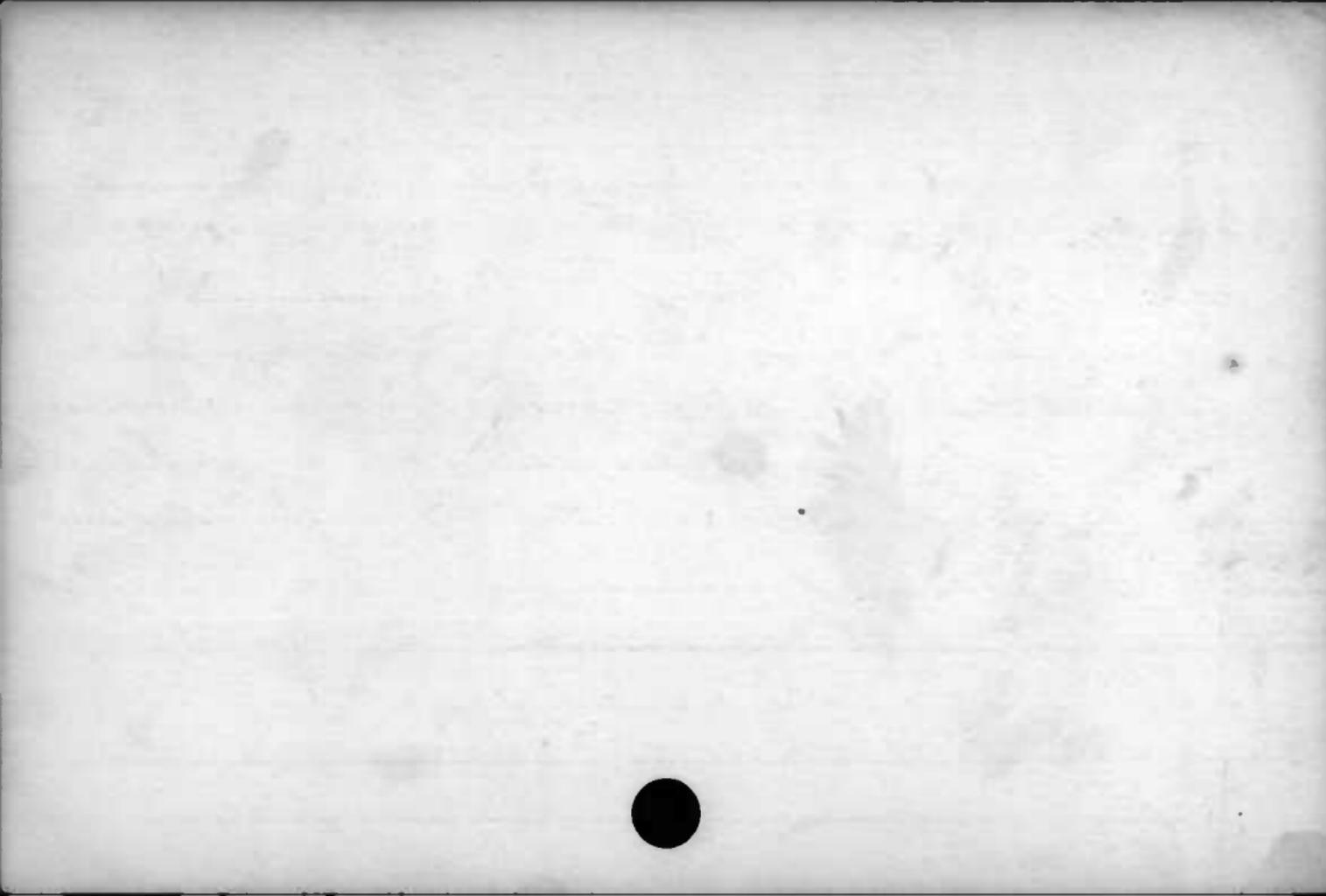
Yes.

Signature of  
Physician

Address

S. M. McMillan.  
Rivardale Maryland.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Samuel Norton

CERTIFICATE OF DEATH

Died at <u>Washington</u> Town		District of Columbia County		MARYLAND	
Date of death 1903	Month Jan	Day 16	Year	Months	Days
Sex Male	Color or Race	Occupation Colored		Birth-place W.D.	
Married, Single or Widowed	Married, retired				
Name of Wife or Husband	Mary Norton				
Father's Name	Don't know		no	Father's Birthplace	M.D.
Mother's Maiden Name				Mother's Birthplace	M.D.
Name of person giving Information	John V. Norton			How related to deceased	Son

CAUSES OF DEATH

Primary

Cardiac Insufficiency

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ernest G. Gasch

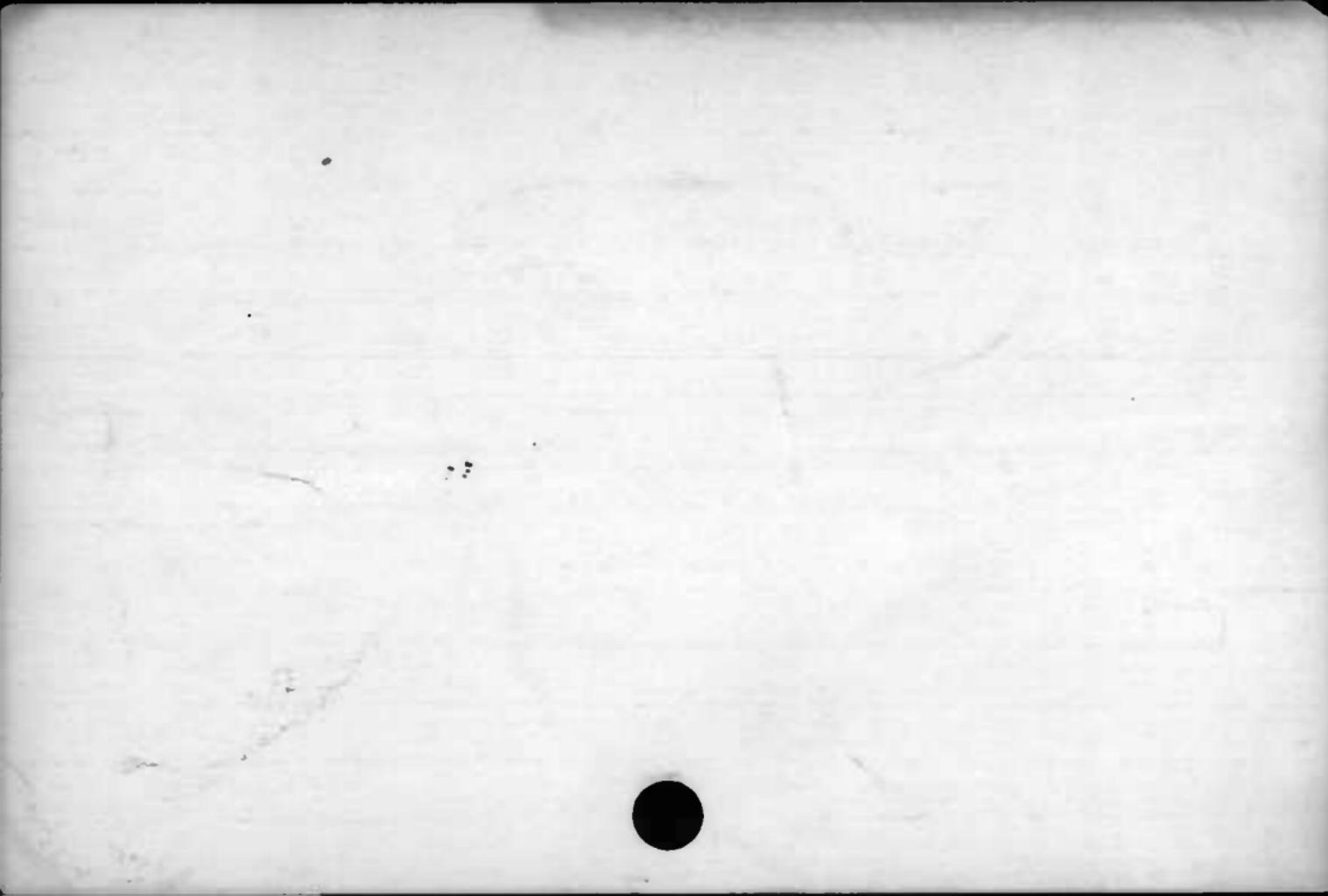
Address

Hyattsville M.D.

copy of District of Columbia certificate signed by

Health Officer Wm C. Woodward.

PHYSICIAN  
OR CORONER



Alice Georgine Peacock

Town

North Reys

County

Ple

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1903

Jan 11

2-6

Md

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Peacock

Mother's Maiden Name

Fredda Lippem

Cause of

Primary

Diphtheria &amp; Measles

How long sick  
10 days

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Dwight Gibbons Jr.

dwg

Crown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Dorothy Pendleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <b>Marlboro</b>		<sup>County</sup> <b>St. George</b>		<b>MARYLAND</b>		
Date of death 190	Month 3	Day 15	Age 15	Years	Months	Days
Sex Female	Color or Race Black	Occupation —		Birth- place Marlboro		
Married, Single or Widowed —						
Name of Wife or Husband —						
Father's Name <b>Lewis Pendleton</b>					Father's Birthplace <b>West W.</b>	
Mother's Maiden Name <b>Rachel Johnson</b>					Mother's Birthplace <b>St. George</b>	
Name of person giving Information <b>Dorothy Pendleton</b>					How related to deceased <b>Sister</b>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Sawif Griffith**

How long

**Don't know**

Immediate

**Died**

How long

**Don't know**

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

**J. B. Griffith**  
**Marlboro, Md.**

(1)

Accident or Suicide?



*Sarah Tracy Perry*

Town

*Mallard*

County

*Dels*

MARYLAND

Died at

Date 1897

Month

Day

Y.

M.

D.

Native of

*md*

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

*Martha Dyles*

How long sick

Cause of

Primary

*Pneumonia*

93

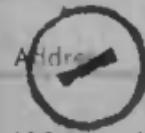
1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Ronald Tracy**Wife Mallard  
Lnd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Geo B. Ridgley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month 1	Day 21	Years —	Months 2	Days —	
Sex	Male	Color or Race	white	Occupation	P.R.C. Yid		
Married, Single or Widowed	—						
Name of Wife or Husband	John T. Ridgley 95						
Father's Name	P. E. Yid						
Mother's Maiden Name	S. E. Sellzer M. O. Co.						
Name of person giving Information	John T. Ridgley Father						

CAUSES OF DEATH

PHYSICIAN  
OR C. PRONER

Primary Congestion of Lungs How long 1 day

Immediate Ashtenia How long

Are the name, age, sex, color, date and place correctly given above?

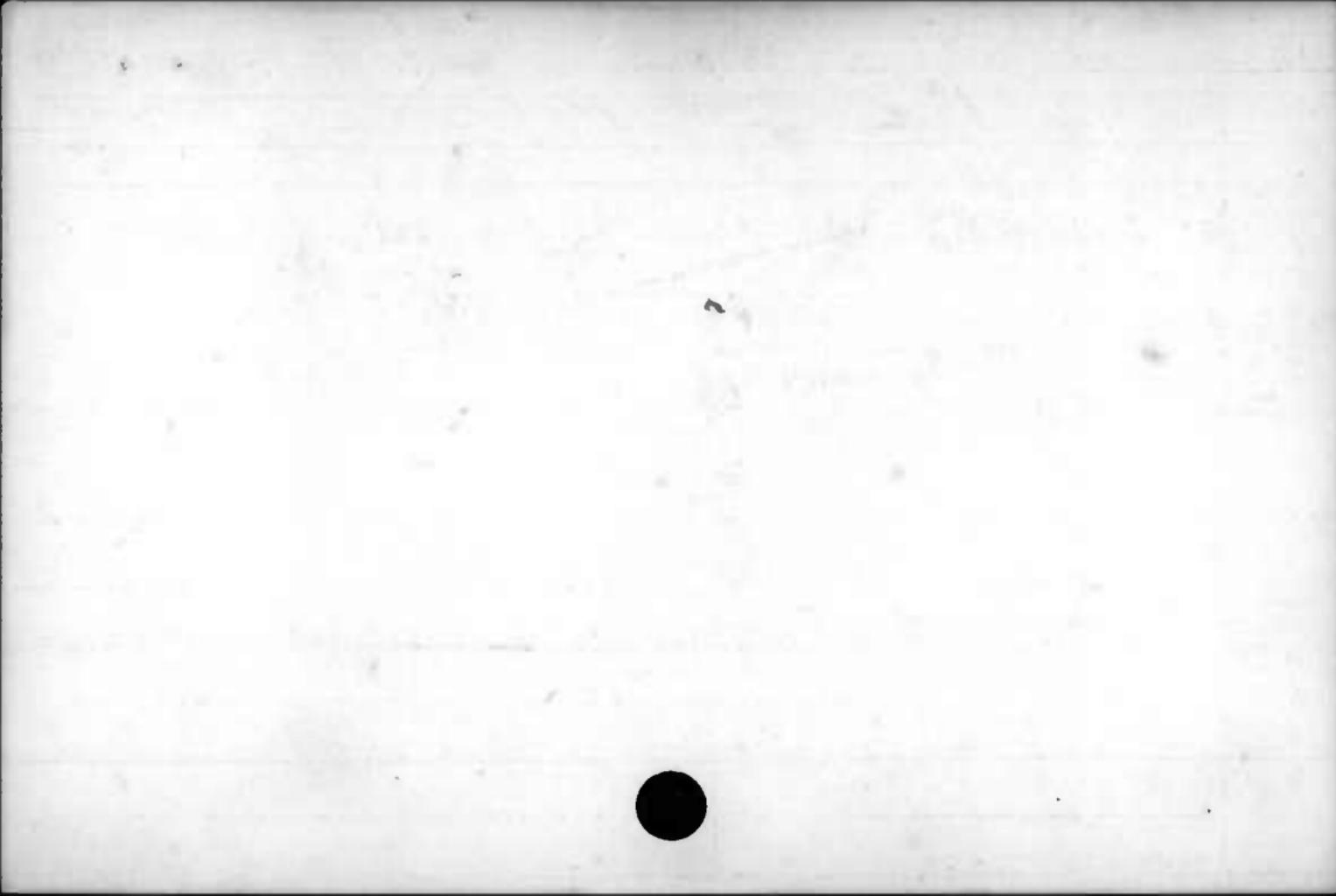
Signature of Physician

Address

Yes

L. A. Griffith  
Marlboro, Md

Accident or Suicide?



Name  
in  
Full

Barton S. Roby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Dr. Leo.	County	MARYLAND		
Died at near Laurel	On Dec.		Months	Days	
Date of death 1903	Month Jan.	Day 23	Years 68		4
Sex Male	Color or Race White	Occupation Invalid	Birth- place Mont-Co. Md		
Married, Single or Widowed married					
Name of Wife or Husband Anna R. Roby					
Father's Name Mr. B. Roby			Father's Birthplace Mont-Co. Md.		
Mother's Maiden Name Margaret Soper			Mother's Birthplace Mont-Co. Md.		
Name of person giving Information Anna R. Roby			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Carcinoma of liver +0

How long

Immediate  
Asphyxia

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

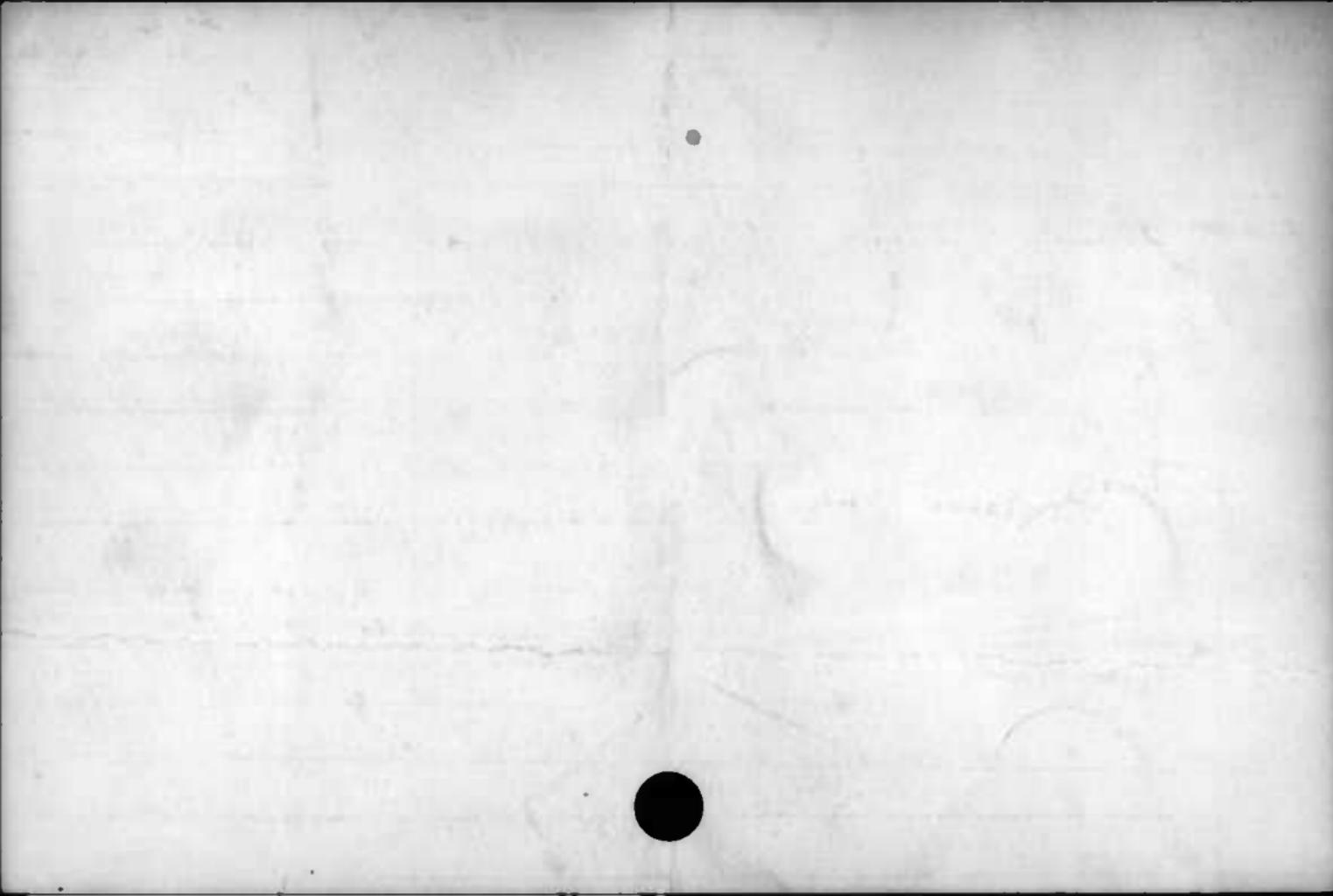
Signature of  
Physician

Address

Th. Ryerly  
Laurel Md



Accident or Suicide?



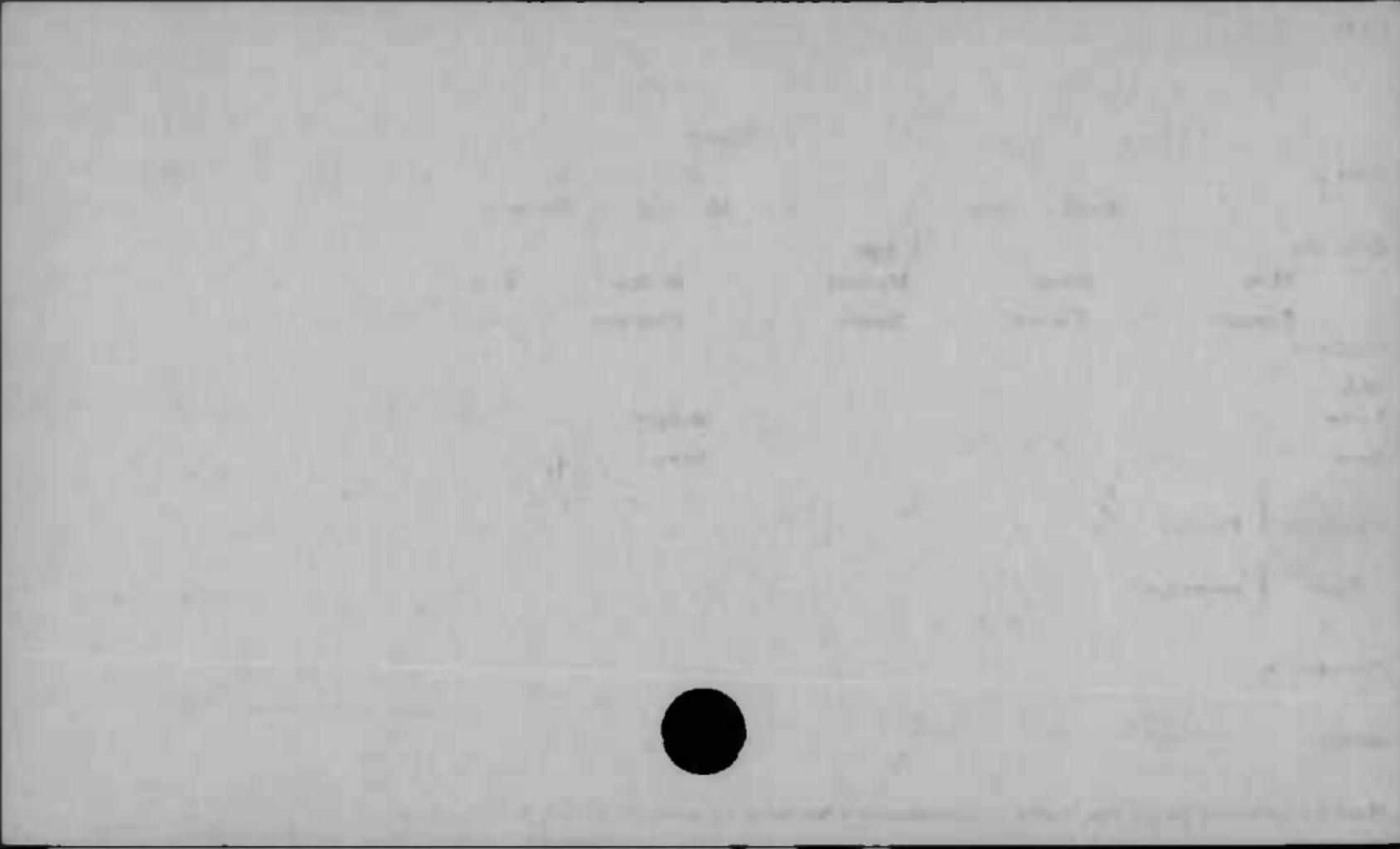
Name in Full

Certificate of Death

Dennis

Died at	Town	County			MARYLAND
<u>1903</u>	<u>Baden</u>	<u>Prince George</u>			
Date of	Month	Day	Y.	M.	D.
	<u>1</u>	<u>18</u>	<u>14</u>	Native of	
Male	White	Age	Occupation		
Female	Colored	Married	Widow	Divorced	
Husband of		Single	Widower	Number of children living	
Wife					
Father's Name	<u>Thomas Dennis</u>			Mother's Name	<u>Mary Gray</u>
Cause of Death	Primary			How long sick	<u>63</u> 1 wke
	Immediate	Pneumonia		Accident, Suicide, Homicide	
Reported by	<u>Thomas Dennis</u>				
Address	<u>Baden Md.</u>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rosa Smoot

Died at Town County MARYLAND  
 Bowie Prince George

Date 1903	Month July	Day 24	Y. M. D.	Native of Maryland	Occupation Housewife
<input checked="" type="checkbox"/>			Age 39	<input checked="" type="checkbox"/> Widower	<input type="checkbox"/> Divorced
Female	Colored	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Widower	Number of children living 2	

Husband of Stephen Smoot

Wife John Raudal Mother's

Father's Name Maiden Name

Cause of Primary Pulmonary

How long sick  
6 months

Death Immediate Consumption

Accident, Suicide, Homicide

Reported by

Nelson A Ryon M.D.  
Bowie Md

I  
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John W. Stephens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Jan	Day 13	Years 42	Months -	Days -
Sex Male	Color or Race White	Occupation Machinist			
Married, <input checked="" type="checkbox"/> Single	Married				
Name of Wife or Husband	Alice (King) Stephens				
Father's Name	Joseph H. Stephens				
Mother's Maiden Name	Frances Ann King				
Name of person giving information	Joseph H. Stephens Jr.				

## CAUSES OF DEATH

Primary	Killed by rail road car	How long
Immediate	immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Alfred O. Bailey

Coroner

Bladensburg, Maryland

Accident or Suicide?

PHYSICIAN  
CORONER

Millersville Md.  
Carroll County

Name in Full

Certificate of Death

*Emely Garrison Taylor*

Town

*Rossville*

County

*Pt Geo*

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Date 1903

Jan. 11

Age 47 -

115

Occupation

*Hir.*~~White~~~~White~~

Female

Colored

Married

Widow

Divorced

~~Single~~

Widower

Number of children living

1

~~Wife~~*Louis Taylor*

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

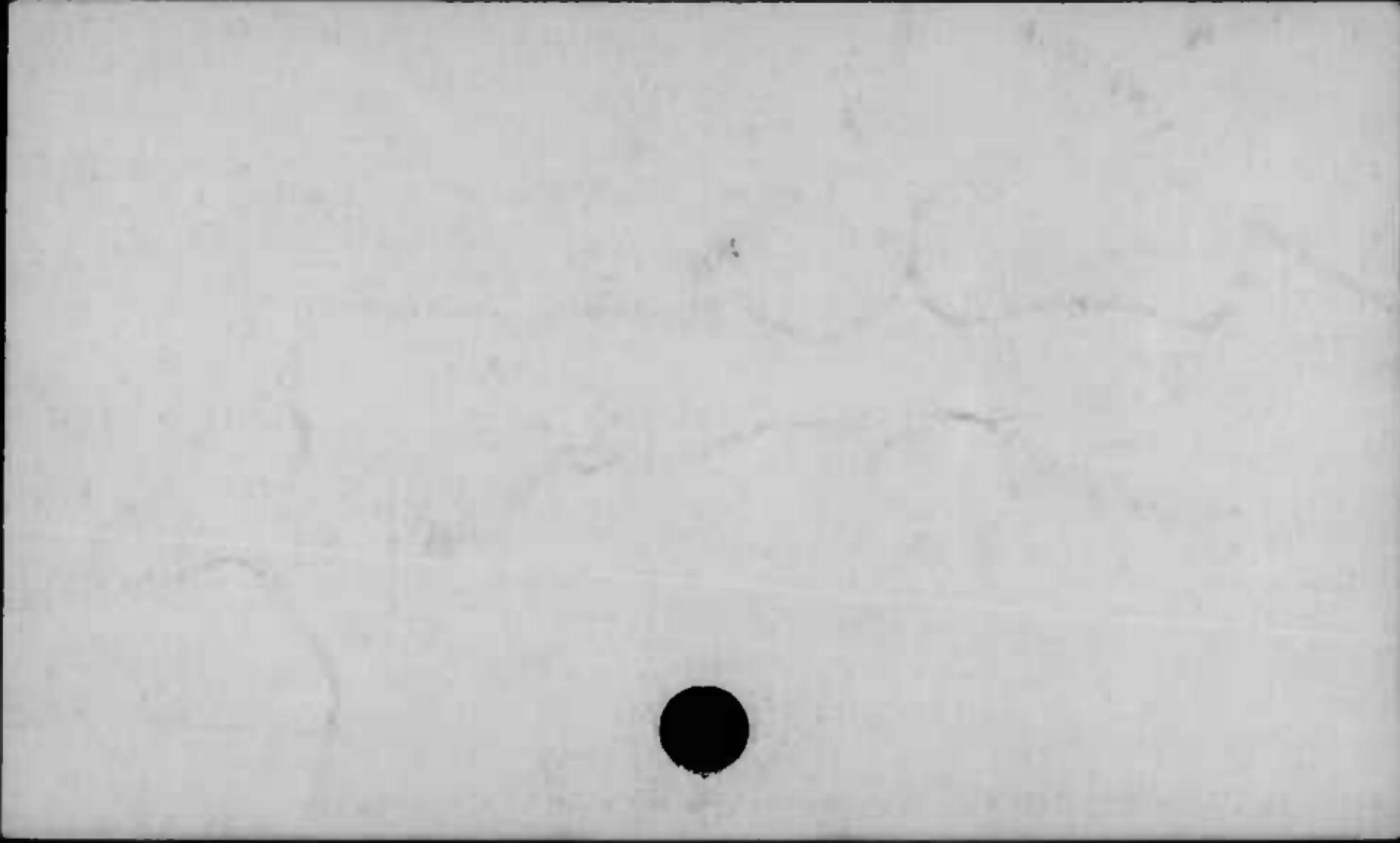
3 mo.

Accident, Suicide, Homicide

Reported by

*JOB Stuntz Snd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William Andrew Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

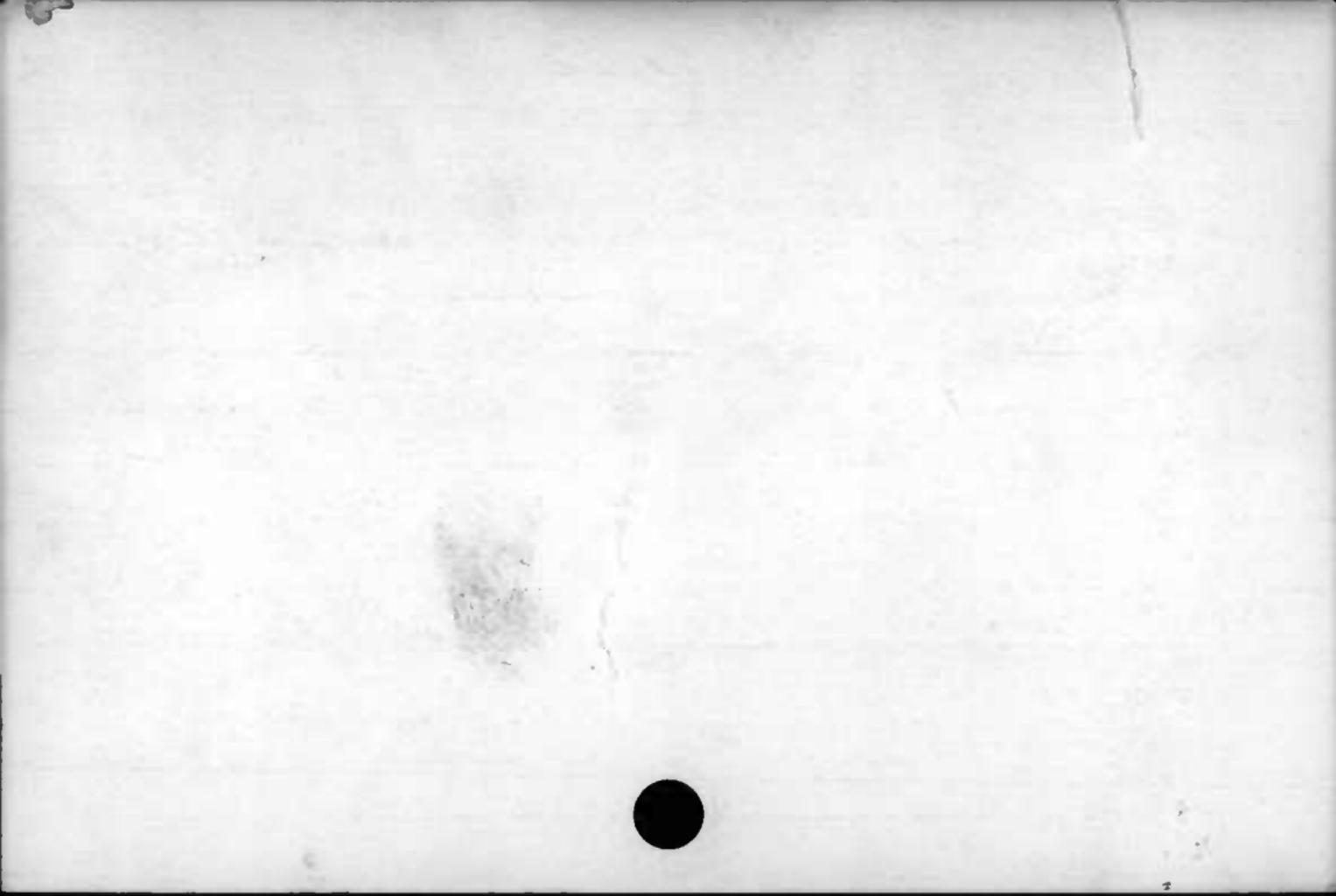
Died at	Town	County	MARYLAND		
Date of death 190	Month 3	Day 16	Years	Months 11	Days 16
Sex Male	Color or Race Colored	Occupation	Birth- place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name	Francis Thomas			Mother's Birthplace	Md
Name of person giving Information	Francis Thomas			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spinal Menigitis	How long 10 days
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician John E. Somsky Baltimore
Address		
Accident or Suicide?	no	





Name in Full

Certificate of Death

Philip H Watts

Died at

Town  
BowieCounty  
Prince George

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 19	03	January	11	Age	50.6	Maryland	Saloon Keeper
Male	White		Married		Widow	<del>Divorced</del>	
<del>Female</del>	<del>Colored</del>		<del>Single</del>		<del>Widower</del>		Number of children living 3

Husband of

Sarah Watts

Father's Name

A. Peter Watts

Mother's Maiden Name  
Don't Know

Cause of Death

Primary

Fatty degeneration

How long sick

Death

Immediate

of heart

Sudden

~~Accident, Suicide, Homicide~~

Reported by

Milton A Bold J.R.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Webster H. Worley

Died at West Riverdale Town

County Prince Geo.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903	Month Jan	Day 8	Age —	Years —	Months —	Days 28
Sex male	Color or Race white	Birth-place m.d.				

Married, Single,  
or Widowed —

Name of Wife or  
Husband D. Webster Worley

Occupation 150

Father's Name Daniel H. Worley

Father's Birthplace Pa.

Mother's Maiden Name Mary C. Maguire

Mother's Birthplace m.d.

Name of person giving  
Information Daniel H. Worley

How related  
to deceased Father

CAUSES OF DEATH

Primary Epilepsy

How long 23 days

Immediate Insulin, 1st insulin

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature  
Physician C. Richardson

Accident or Suicide?

Address Hyattsville Md.

